

Crime Victims Reparations Board
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JIM CRAFT
EXECUTIVE DIRECTOR

LOUISIANA CRIME VICTIMS REPARATIONS PROGRAM

MEETING AGENDA

TUESDAY, December 13, 2022

9:00 A.M.

602 NORTH 5TH STREET- Oliver Pollock ROOM

BATON ROUGE, LA 70802

1. Call to Order
2. Public Comment
3. Review Agenda
4. Review and Approval of November 15, 2022 Board Meeting Minutes
5. Old Business
6. New Business
 - a. New Applications
 - I. Emergency
 - II. FME
 - III. Standard
7. Business
 - a. Administrative Rules
 - b. CVR Forms
8. Date and place of next meeting – January 10, 2023 at 9:00 A.M., Louisiana Crime Victims Reparations Program, 602 North 5th Street, Oliver Pollock Room, Baton Rouge, LA
9. Adjourn

Please note: The Crime Victims Reparations Board Meeting is conducted in accordance with the Board Rules of Decorum, adopted on October 11, 2022.

Louisiana Commission on Law Enforcement

www.lcle.la.gov/cvr

P.O. Box 3133 ♣ Baton Rouge, Louisiana 70821-3133 ♣ (225) 342-1749 ♣ 1-888-6-VICTIM (NATIONWIDE) ♣ Fax (225) 342-1672
An Equal Opportunity Employer

Crime Victims Reparations Board
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JIM CRAFT
EXECUTIVE DIRECTOR

AGENDA FOR BOARD MEETING
for Publication

Tuesday, December 13, 2022

Louisiana Commission on Law Enforcement

Oliver Pollock Room

602 N. 5th Street
Baton Rouge, LA
70802

09:00 AM

www.lcle.la.gov/cvr

CRIME VICTIMS REPARATIONS BOARD

Board Agenda - Claim Number Order

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EMERGENCY			
Item	Parish	CVR #	Claim #
1	BOSSIER	BOSS22-009	230303
2	EAST BATON R	EBAT22-0185	230276
3	EAST BATON R	EBAT22-0186	230285
4	EAST BATON R	EBAT22-0187	230288
5	EAST BATON R	EBAT22-0188	230289
6	EAST BATON R	EBAT22-0189	230290
7	EAST BATON R	EBAT22-0190	230291
8	EAST BATON R	EBAT22-0191	230292
9	EAST BATON R	EBAT22-0192	230328
10	EAST BATON R	EBAT22-0193	230329
11	EAST BATON R	EBAT22-0194	230334
12	EAST BATON R	EBAT22-0195	230388
13	EAST BATON R	EBAT22-0196	230407
14	JEFFERSON	JEFF22-020	230284
15	JEFFERSON	JEFF22-022	230404
16	LIVINGSTON	LIVI22-005	230280
17	LIVINGSTON	LIVI22-006	230281
18	ORLEANS	ORLE22-214	230299
19	ORLEANS	ORLE22-241	230210
20	ORLEANS	ORLE22-243	230311
21	ORLEANS	ORLE22-248	230282
22	ORLEANS	ORLE22-249	230283
23	ORLEANS	ORLE22-250	230300
24	ORLEANS	ORLE22-251	230302
25	ORLEANS	ORLE22-254	230304
26	ORLEANS	ORLE22-271	230323
27	ORLEANS	ORLE22-282	230344
28	ORLEANS	ORLE22-284	230370
29	ORLEANS	ORLE22-287	230371

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EMERGENCY

Item	Parish	CVR #	Claim #
30	ORLEANS	ORLE22-288	230425
31	ORLEANS	ORLE22-289	230427
32	ST. CHARLES	CHAR22-0005	221674
33	ST. MARTIN	MART22-006	230065

EMERGENCY Claims: 33

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				FME
Item	Parish	CVR #	Claim #	
34	ACADIA	ACAD22-3002	230385	
35	ACADIA	ACAD22-3003	230431	
36	ASCENSION	ASCE22-332	230402	
37	ASCENSION	ASCE22-333	230436	
38	AVOYELLES	AVOY22-309	230403	
39	AVOYELLES	AVOY22-310	230426	
40	BOSSIER	BOSS22-3012	230312	
41	CADDO	CADD22-3074	230313	
42	CADDO	CADD22-3076	230315	
43	CADDO	CADD22-3077	230316	
44	CADDO	CADD22-3078	230318	
45	CADDO	CADD22-3079	230413	
46	CADDO	CADD22-3080	230414	
47	CADDO	CADD22-3081	230415	
48	CADDO	CADD22-3082	230417	
49	CADDO	CADD22-3083	230418	
50	CADDO	CADD22-336	230287	
51	CADDO	CADD22-336	230314	
52	CALCASIEU	CALC22-368	222962	
53	CALCASIEU	CALC22-378	230389	
54	CALCASIEU	CALC22-379	230390	
55	CLAIBORNE	CLAI22-3002	230416	
56	EAST BATON R	EBAT22-498	230393	
57	EAST BATON R	EBAT22-514	230337	
58	EAST BATON R	EBAT22-515	230340	
59	EAST BATON R	EBAT22-516	230341	
60	EAST BATON R	EBAT22-517	230342	
61	EAST BATON R	EBAT22-518	230343	
62	EAST BATON R	EBAT22-519	230345	

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				FME
Item	Parish	CVR #	Claim #	
63	EAST BATON R	EBAT22-520	230401	
64	EAST BATON R	EBAT22-521	230433	
65	EAST BATON R	EBAT22-522	230434	
66	EAST BATON R	EBAT22-523	230437	
67	EAST BATON R	EBAT22-524	230442	
68	EAST BATON R	EBAT22-525	230443	
69	GRANT	GRAN22-301	230354	
70	IBERVILLE	IBEV22-309	230339	
71	JEFFERSON	JEFF22-3012	230255	
72	JEFFERSON	JEFF22-3013	230266	
73	JEFFERSON	JEFF22-3014	230381	
74	JEFFERSON	JEFF22-3015	230382	
75	JEFFERSON	JEFF22-351	230324	
76	JEFFERSON	JEFF22-352	230325	
77	LAFAYETTE	LAF22-3038	230386	
78	LAFAYETTE	LAF22-3045	230396	
79	LAFAYETTE	LAF22-3051	230398	
80	LAFAYETTE	LAF22-3051	230430	
81	LAFAYETTE	LAF22-3052	230406	
82	LAFAYETTE	LAF22-3056	230432	
83	LAFOURCHE	LAFO22-3004	230424	
84	LASALLE	LASA22-301	230421	
85	LASALLE	LASA22-302	230451	
86	LINCOLN	LINC22-318	230336	
87	LINCOLN	LINC22-319	230440	
88	LIVINGSTON	LIVI22-3012	230295	
89	LIVINGSTON	LIVI22-3013	230387	
90	LIVINGSTON	LIVI22-327	230256	
91	LIVINGSTON	LIVI22-336	230338	

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				FME
Item	Parish	CVR #	Claim #	
92	ORLEANS	ORLE21-840	230364	
93	ORLEANS	ORLE22-3042	230257	
94	ORLEANS	ORLE22-3043	230258	
95	ORLEANS	ORLE22-3044	230294	
96	ORLEANS	ORLE22-3045	230319	
97	ORLEANS	ORLE22-3046	230320	
98	ORLEANS	ORLE22-3047	230321	
99	ORLEANS	ORLE22-3048	230373	
100	ORLEANS	ORLE22-432	230327	
101	ORLEANS	ORLE22-433	230405	
102	OUACHITA	OUAC22-3004	230023	
103	OUACHITA	OUAC22-340	230296	
104	OUACHITA	OUAC22-341	230297	
105	OUACHITA	OUAC22-342	230298	
106	OUACHITA	OUAC22-343	230335	
107	OUACHITA	OUAC22-344	230399	
108	PLAQUEMINES	PLAQ22-3000	230259	
109	PLAQUEMINES	PLAQ22-302	230326	
110	RAPIDES	RAPI20-352	230444	
111	RAPIDES	RAPI22-335	230367	
112	RAPIDES	RAPI22-343	230366	
113	RAPIDES	RAPI22-344	230369	
114	RAPIDES	RAPI22-345	230383	
115	RAPIDES	RAPI22-346	230384	
116	RAPIDES	RAPI22-347	230419	
117	RAPIDES	RAPI22-348	230439	
118	RAPIDES	RAPI22-349	230453	
119	RED RIVER	REDR22-3000	230317	
120	ST. BERNARD	BERN22-3003	230378	

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				FME
Item	Parish	CVR #	Claim #	
121	ST. CHARLES	CHAR22-3043	230391	
122	ST. JAMES	JAME22-3002	230260	
123	ST. LANDRY	LAND22-3007	230428	
124	ST. LANDRY	LAND22-302	230420	
125	ST. TAMMANY	TAMM22-3008	230263	
126	ST. TAMMANY	TAMM22-3009	230264	
127	ST. TAMMANY	TAMM22-3010	230374	
128	ST. TAMMANY	TAMM22-3011	230375	
129	ST. TAMMANY	TAMM22-3012	230377	
130	ST. TAMMANY	TAMM22-3013	230379	
131	ST. TAMMANY	TAMM22-3014	230380	
132	ST. TAMMANY	TAMM22-3015	230395	
133	ST. TAMMANY	TAMM22-338	222184	
134	TANGIPAOA	TANG22-3006	230261	
135	TANGIPAOA	TANG22-329	230272	
136	TANGIPAOA	TANG22-333	230435	
137	VERMILION	VERM22-3005	230408	
138	VERMILION	VERM22-3006	230429	
139	WASHINGTON	WASH22-3003	230376	
140	WEST BATON R	WBAT22-311	230400	
141	WINN	WINN22-300	230368	

FME Claims: 108

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STANDARD

Item	Parish	CVR #	Claim #
142	CADDO	CADD21-032	212366
143	CADDO	CADD22-0045	230301
144	CALCASIEU	CALC21-602	220864
145	CALCASIEU	CALC21-603	220862
146	CALCASIEU	CALC22-014	221972
147	CALCASIEU	CALC22-020	230438
148	CALCASIEU	CALC22-035	222872
149	CONCORDIA	CONC22-003	230082
150	DESOTO	DESO22-002	230359
151	IBERIA	IBER22-008	230025
152	JEFFERSON	JEFF22-009	222985
153	JEFFERSON	JEFF22-014	230076
154	JEFFERSON	JEFF22-019	230452
155	JEFFERSON DA	JEFD22-002	222987
156	NATCHITOCHE	NATC22-003	222309
157	ORLEANS	ORLE22-070	221773
158	ORLEANS	ORLE22-080	221990
159	ORLEANS	ORLE22-099	230360
160	ORLEANS	ORLE22-115	222259
161	ORLEANS	ORLE22-154	222565
162	ORLEANS	ORLE22-158	222564
163	ORLEANS	ORLE22-160	222562
164	ORLEANS	ORLE22-173	222720
165	ORLEANS	ORLE22-183	230083
166	ORLEANS	ORLE22-229	230365
167	ORLEANS	ORLE22-246	230363
168	ORLEANS	ORLE22-252	230306
169	ORLEANS	ORLE22-253	230305
170	ORLEANS	ORLE22-255	230309

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STANDARD

Item	Parish	CVR #	Claim #
171	ORLEANS	ORLE22-257	230361
172	ORLEANS	ORLE22-261	230308
173	ORLEANS	ORLE22-262	230362
174	ORLEANS	ORLE22-263	230307
175	ORLEANS	ORLE22-272	230357
176	ORLEANS	ORLE22-274	230346
177	ORLEANS	ORLE22-275	230349
178	ORLEANS	ORLE22-276	230347
179	ORLEANS	ORLE22-277	230348
180	ORLEANS	ORLE22-278	230350
181	ORLEANS	ORLE22-279	230351
182	ORLEANS	ORLE22-280	230352
183	ORLEANS	ORLE22-290	230454
184	OUACHITA	OUAC22-004	221985
185	ST. CHARLES	CHAR22-0012	221929
186	ST. CHARLES	CHAR22-0036	230358
187	ST. MARTIN	MART22-003	230441

STANDARD Claims: 46

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VOID/REISSUE

Item	Parish	CVR #	Claim #
188	EAST BATON R	EBAT22-0118	222442
189	LAFAYETTE	LAF22-0011	230054
190	ORLEANS	ORLE22-236	230186

VOID/REISSUE Claims: 3

Total Claims: 190

Rules of Decorum

Section 1. Board Intent for Rules of Decorum. The business of the Crime Victims Reparations Program is conducted at board meetings by the CVR Board. All Board meetings are open to the public, but the public's participation is permitted only at designated times for public comment and in the manner set forth in these rules. Public comment is generally not permitted during work sessions of the board, although the public is encouraged to attend such sessions and express comments in writing or other communication prior to or after those meetings.

In order for the board to conduct its business in a manner completely open to the public, rules of decorum are necessary. Board meetings can last several hours, which may limit the practical ability for the public to participate and the effectiveness of staff to make presentations and board members to discuss applications for reparations and make decisions. The intent of these rules is to:

1. Provide a safe and secure setting for the board and the public to attend to it's business.
2. Enable the board to conduct its deliberative process without interruption in a manner that can be heard and viewed by all in attendance.
3. Ensure that the public has a full opportunity to be heard during public hearings and open comment periods of board meetings.
4. Facilitate transparency in the conduct of board meetings so that all persons have the opportunity to observe and hear all of the board discussion and votes.
5. State specific rules so that all participants may know the rules in advance and are subject to them.
6. Limit interruptions, unreasonable delay, or duplication of comments, presentations, or discussion.
7. Develop an atmosphere of civility that is respectful of diverse opinions and allows presentation of positions that vary from those of others at the meeting without insults or intimidation.
8. Balance the need for the board to conduct effective meetings without the meetings extending for an unreasonable length of time with the need to give a full opportunity for the public to be heard.

9. Facilitate board meetings as business meetings; therefore public comments should relate to the business of the board and, as such, be addressed to the board as a whole, which conducts its business.

10. Adopt these rules of decorum as the standard of conduct at meetings of the CVR Board and staff.

Section 2 . Rules of Decorum for the Public. During all times a meeting of the CVR Board is being conducted, the following rules shall apply:

1. Only members of the board, its consultants and staff can be seated at the meeting room table. Other seating in the audience is provided for the public, claim investigators of the board, or guests.

2. Prior to addressing the board, a person shall sign-up with the board's staff to provide for the meeting record.

3. All public comment to the board shall be only after the speaker is acknowledged by the chair, shall be addressed to the board as a whole, and is limited to the amount of time specified by the chair, which is typically three minutes.

4. While in attendance at a board meeting, no attendee shall disrupt, disturb, or otherwise impede the orderly conduct of any board meeting by any means in a manner that obstructs the business of the meeting. Disorderly conduct also includes failing to obey any lawful order of the chair to be seated, leave the meeting room, or refrain from addressing the Board.

5. No attendee shall make threats or other forms of intimidation against any person in the board meeting room or any staff member of LCLE, or be in possession of any weapon or firearm while in the board meeting room unless the attendee possesses a valid permit.

6. To maintain the fire code occupancy limits and allow for safe exit, unless addressing the board or entering or leaving the board meeting room, all persons in the audience shall remain seated in the seats provided.

7. All persons in the board meeting room shall silence all cell phones, pagers, and other electronic devices to prevent disruption at the meeting.

8. No person at any board meeting shall be in a state of intoxication caused by the person's use of alcohol or drugs.

9. Members of the public shall make every effort to be respectful at all times of those with opposing views.

10. No sign shall be displayed in board chambers in a manner that blocks the view of another person or in a manner that would violate subsection 6 above.

11. Persons desiring to participate in the meeting should utilize appropriate protective health measures and observe the recommended and appropriate social distancing.

Section 3. Enforcement of Decorum. The chair of the CVR Board is responsible for maintaining the order and decorum of meetings. The board chair may order any person who fails to observe these rules of decorum to be removed from the board meeting room.

1. The chair may interrupt any speaker who is violating these rules of decorum or disrupting a meeting.

2. The chair officer shall attempt to provide a verbal warning to any attendee or particular speaker that may be violating these rules of decorum, but such verbal warning shall not be required as a condition of removing an offender from the board meeting room.

3. These enforcement provisions are in addition to the authority held by any peace officer in attendance to maintain order pursuant to the officer's lawful authority.

4. Any person removed from the board meeting room shall be excluded from further attendance at the meeting from which the person has been removed, unless permission to attend is granted upon the motion adopted by a majority vote of the board.

5. Any person who has been removed from a meeting may be charged with a violation of any applicable provision of the Louisiana Revised Statutes.

6. In addition, by vote of the board, any person removed from a meeting may be excluded from attendance at board meetings for thirty (30) days after such removal. A longer period of prohibition from attendance at board meetings may be determined by the board by a vote, if the person has been removed from the board chambers or meeting room in the past twenty-four months for violation of these rules of decorum, or the board determines that the attendee's conduct was so severe as to necessitate a longer period of prohibition.

7. A person prohibited from attendance at board meetings may request a hearing to dispute prohibition. The scope of the hearing will be limited to the following:

(1) The nature and extent of the behavior resulting in the suspension; and

(2) If applicable, whether there was a prior removal in the past twenty-four months. The hearing officer will forward a recommendation to the board to affirm the sanction, modify the sanction, or to remove the sanction for the board's consideration at a subsequent meeting of the board.

8. In addition to any other authority of the CVR board chair, the chair may call a recess during which time the members of the board shall leave the meeting room. Similarly, if necessary for the safety of the board and public, the chair may order the board meeting room cleared of all attendees, and call a recess, adjourn or continue the meeting until another date.

Section 4. Interpretation of Rules. These rules are intended to support the operation of the board as noted above. These rules are not to be used to limit public participation or board debate, but to enable the effective functioning of the board. Either the board or the board chair may temporarily suspend these rules or grant exceptions in order to effectuate their intent.

* Adopted by the CVR board on October 11, 2022.

DRAFT

NOTICE OF INTENT

Office of the Governor
Crime Victims Reparations Board

Compensation to Victims (LAC 22:XIII. 301)

In accordance with the provisions of R.S. 49:950 et seq., which is the Administrative Procedure Act, and R.S. 46:1801 et seq., which is the Crime Victims Reparations Act, the Crime Victims Reparations Board hereby gives notice of its intent to promulgate rules and regulations regarding the awarding of compensation to applicants. There will be no impact on family earnings or the family budget as set forth in R.S. 49:972.

Title 22
CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT
Part XIII. Crime Victims Reparations Board

Chapter 3. Eligibility and Application Process

§ 301. Eligibility

A. To be eligible for compensation, an individual must have suffered personal injury, death or catastrophic property loss as a result of a violent crime.

1. Victim Conduct and Behavior

a. The Crime Victims Reparations Board may vote to deny or reduce an award to a claimant who is a victim, or who files an application on behalf of a victim, when any of the following occurs:

i. ...

ii. The totality of circumstances indicate that the victim contributed to or provoked the offense through his/her own misconduct.

1.a. iii – 3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1801 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Commission on Law Enforcement and Administration of Criminal Justice, Crime Victims Reparations Board, LR 20:539 (May 1994), amended LR 22:710 (August 1996), amended LR 31:2009 (August 2005), amended LR 35:65 (January 2009), LR 36:2278 (October 2010), LR 37:1605 (June 2011), LR 41:1487 (August 2015), amended LR 44:2243 (December 2018), LR 47:364 (March 2021), amended LR

§ 303. Application Process

A. Claimant Responsibility

1. Applications for reparations must be submitted to the sheriff's office in the parish where the crime occurred, filed online at the board's website, or sent directly to the board's office. Applications involving an adult victim of a sexually-oriented criminal offense are sent directly to the board's office.

2. – 2. a. ...

b. victims of sexual assault may assign their right to collect medical expenses associated with the sexual assault to a hospital/health care facility. The hospital/health care facility may then apply for reparations.

c. An adult victim of sexually-oriented criminal offense is not required to

report the crime to any law enforcement officer in order to file an application.

d. If a victim chooses not to report the crime to a law enforcement officer, the claimant must submit reasonable documentation with the application to show the commission of a crime relevant to the application.

3. The claimant, who is not a healthcare provider, must list each expense being claimed.

4. An itemized bill, not a billing statement, must accompany the application for each non-FME expense claimed.

5. – D.2.

3. The appeal will be scheduled for the next available meeting.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1801 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Commission on Law Enforcement and Administration of Criminal Justice, Crime Victims Reparations Board, LR 20:539 (May 1994), amended LR 22:710 (August 1996), amended by the Office of the Governor, Crime Victims Reparations Board, LR 41:1668 (September 2015), LR 42:570 (April 2016), LR 42:743 (May 2016). LR

* * *

§503. Limits on Awards

A. General

1. There will be a \$15,000 limit for awards for all victims with the exception of those primary victims who become totally and permanently disabled as a result of the crime. For those awards, the board may, at its discretion, award up to \$25,000, depending on availability of funds, its administrative rule limits for certain award benefits, and the extent, if any, of collateral resources. For purposes of this Section:

1.a. – 2. . . .

3. Payments for forensic medical examinations shall not exceed \$ 600 for the healthcare provider, and \$ 1,000 for the healthcare facility.

B. . . .

C. Funeral Expenses

1. The board will reimburse up to a maximum of \$ 6,500 to cover reasonable expenses actually incurred for the funeral, burial, or cremation (effective: Jan, 2023)

C.2. – 4a. . . .

b. for the loss of income from work by the parent or legal guardian of a minor or dependent victim who must miss work to obtain or provide the medically indicated services or care for the personal injury.

5. – 9. . . .

E. Loss of Support

1. – 2. . . .

3. The board will reimburse loss of support up to a maximum award of \$ 15,000.

F. Ambulance

1. – 3. . . .

4. If the ambulance bill is part of the total hospital bill and the total hospital bill is under \$ 15,000, the ambulance transfer bills will be isolated and paid separately. If the total bill is over \$ 15,000, the ambulance charges will not be isolated for payment.

G. Medical Expenses.

1. - 3. . . .

4. If the total outstanding charges exceed the maximum award cap, then all providers listed

in the claim will be paid out at the actual percentage for those bills in relation to the available case funds.

5. – 6.b. ii . . .

6.b. iii. All provider/therapist/s charges are reimbursed at the same hourly rate as out-patient mental health services, that is:

- (a) M.D./Psychiatrists: \$ 110/hr.
- (b) Ph.D. or Psy.D Licensed Psychologists: \$ 85/hr
- (c) Licensed Professional Counselors: \$ 90/hr;
- (d) Licensed Clinical Social Worker: \$ 90/hr.
- (e) Group Therapy rates (90 minutes)(\$ 50/session)

6.c. – 11. . . .

12. Tattoo removal for victims of human trafficking.

- (a) Must be performed by board certified physician, or
- (b) Non-Physician acting under direct supervision of a licensed physician.

H. . . .

I. – 1. . . .

2. Limits on Charges

a. For the life of each claim, reimbursable charges may not exceed \$ 2,500. These limits include the cost of all treatment services and psychological or neuro/psychological evaluations/testing as described in §503.1.8. Victims/claimants may apply for an additional \$ 2,500 in reimbursement when there is a documented need for long-term mental health services.

b. All applications for extended reimbursement of mental health expenses are subject to peer review by a psychiatrist or psychologist, licensed by the state of Louisiana, consulting with the board which will have a peer review of the following:

- i. complete progress notes for crime-related conditions(s) being treated;
- ii. any psychological evaluations/testing pertaining to the crime-related condition;
- iii. description of prior conditions or treatments;
- iv. updated treatment plan.

3. Limits on Evaluation/Testing

a. – b.i. . . .

ii. Case formulation and DSM-V diagnoses.

4. Treatment plans completed by the therapist of record (or primary therapist) are required for consideration of mental health expenses, the therapist must show that the psychological condition being treated is a direct result of the crime. Treatment plans must be fully documented in a “problem” and “intervention” format. Detail must be provided for both symptom and intervention. Single word descriptors such as “nightmares” or supporting counseling” will not suffice. Insufficient treatment plans will be returned to the originating therapist and the case may be deferred or denied until revised.

5. Payments for services are subject to review and audit by the board.

6. Rates for reimbursement

a. Only physicians, psychiatrists, state certified or state licensed psychologists, licensed professional counselors, or board-certified social works are eligible for reimbursement.

b. The rates for reimbursement shall be:

- i. M.D./Psychiatrists \$ 110/hr.
- ii. Ph.D. or Psy.D Licensed Psychologists: \$ 85/hr
- iii. Licensed Professional Counselors: \$ 90/hr;

iv. Licensed Clinical Social Worker: \$ 90/hr.

v. Group Therapy rates: (90 minutes)(\$ 50/session)

7. It is the board's assessment that psychiatric inpatient hospitalization of a crime victim is rarely required. If under unusual circumstances such treatment is required, compensation will be subject to a peer review as previously described. Reimbursement for such treatment is limited in amounts and procedures listed under "medical" services.

8. Any claim for injuries sustained may be denied if prescribed or preempted as a matter of law.

J. Catastrophic Property Loss

1. A maximum award up to \$ 15,000 may be awarded if a victim's abode is owned by the claimant and the abode/contents are destroyed by criminal act.

2. This loss must produce a "verifiable" overwhelming financial effect for that person.

3. . . .

K. – M.1.c. . . .

N. Medical Examination of Sexual Assault Victims

1. A healthcare provider can only send a claim form in for reimbursement for a forensic medical exam performed on a victim of a sexually-oriented criminal offense. The direct reimbursement claim form must be accompanied by the attestation form signed by the forensic medical examiner. The healthcare provider who performs the forensic medical exam will be reimbursed an amount of \$600.00. The healthcare facility at which the forensic medical exam was conducted will be reimbursed an amount of \$1,000.00.

2. The reimbursement amounts for the forensic medical exam will cover the following services: (as provided by R.S. 40:1216.1)

a. Forensic examiner and hospital or healthcare facility services directly related to the exam, including integral forensic supplies.

b. Scope procedures directly related to the forensic exam including but not limited to anoscopy and colposcopy.

c. Laboratory testing directly related to the forensic examination, including drug screening, urinalysis, pregnancy screening, syphilis screening, chlamydia culture, gonorrhea coverage culture, blood test for HIV screening, hepatitis B and C, herpes culture, and any other sexually transmitted disease testing directly related to the forensic examination.

d. Any medication provided during the forensic medical examination.

3. Healthcare services or expenses ancillary to a forensic medical examination and directly related to the crime may be reimbursed in an amount not to exceed \$1,000.00. A victim can file an application if they are billed for these expenses. An itemized bill and supporting documentation must be submitted with the application.

4. A person who presents to a healthcare facility as a victim of a sexual offense and does not receive a forensic medical exam can submit an application. An itemized bill and supporting documentation must be submitted with the application. The maximum reimbursement for this type of visit may not exceed \$1,000.00.

~~1. Costs of the forensic medical examination are reimbursable by the Crime Victims Reparations Board (CVR Board) under this section and payable directly to the healthcare provider who provides the service. All other expenses related to victims of sexual assault are reimbursable by the board subject to the maximum permitted by law and the provisions of the Crime Victims Reparations Act and its administrative rules.~~

2. In instances where the sexual assault victim assigns his/her rights to collect reparations for reimbursable medical expenses beyond those associated with the forensic medical examination to the hospital/health care facility must submit the following items directly to the CVR board within 90 days of the date of service in order to receive reimbursement.
 - a. Victim of sexual assault assignment of rights form, signed by the victim;
 - b. Hospital/healthcare CVR application;
 - c. Itemized bill for services rendered.
3. The sexual assault victim may submit these expenses to his/her private insurance or other third party pay or, the hospital/health care facility may file an application with the CVR Board for any unreimbursed expenses.
4. Nothing in this section shall preclude a sexual assault victim or claimant from filing a regular or emergency application for additional benefits.
5. Healthcare providers and healthcare facilities shall be reimbursed for expenses associated with providing a forensic medical exam in the same amount as provided for in the fee schedule in §503.M.5. All x rays, ultrasounds, CT scans, extensive dental work, and lab/diagnostic tests not listed in the fee schedule below related to the sexual assault must have supporting documentation to be considered for reimbursement. For purposes of the initial examination fees located in the fee schedule, the costs associated with a forensic medical exam shall include the sexual assault collection kit, anogenital exam, supplies, toxicology kit, facility fee, and physician or other healthcare practitioner fee.
6. Non fee schedule forensic medical exam expenses will be reimbursed at a rate of 55 percent. (eff. 1/1/22).
7. Forensic Medical Exam Fee Schedule for Sexual Assault Cases

Initial Examination Fees	Maximum Reimbursement
Healthcare Provider who performs a forensic medical exam	\$600
Healthcare Facility at which a forensic medical exam was conducted	\$1,000
Follow-Up Visit Fees	Maximum Reimbursement
Anogenital Exam	\$150
Office or Clinic Visit	\$150
Emergency Room Visit	\$300
Laboratory Testing	Maximum Reimbursement
Complete Blood Count (CBC)	\$65
Chlamydia	\$110
Comprehensive Metabolic Panel (CMP)	\$90
Gonorrhea	\$80
Hepatitis Panel	\$160
Herpes	\$30
HIV	\$80
Pregnancy Test	\$30
Syphilis/RPR/Treponema Pallidum	\$25
Trichomonas	\$40
Urinalysis	\$30
Urine Culture	\$50

Venipuncture	\$50
Wet Mount	\$50
Medications	Maximum Reimbursement
Antimicrobials	\$100
Antiretroviral/HIV/nPEP	\$500/5 doses
Emergency Contraception	\$50
Hepatitis B Vaccine	\$70/dose (up to 3 doses)
HPV Vaccine (Females Age 9-26 and Males Age 9-21)	\$150/dose (up to 3 doses)
Injection Fee	\$50
Tetanus Vaccine with Injury	\$40

8. ~~The fee schedule listed above is not a physician's order, nor does it replace one. Reimbursement may vary based on the information received from the treating facility, physician, and/or victim.~~

O. Crime Scene Cleanup

1. – 4.c. . . .

P. Loss of Support for Victim in Sexual Crimes

1. – 2. . . .

3. The board may award loss of support up to \$ 15,000 maximum.

Q. Relocation is for claimants who have to relocate as a result of the crime for reasons of personal safety or other concerns reasonably related to a crime.

1. Relocation expenses are limited up to \$ 5,000 per household of the claimant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1801 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Crime Victims Reparations Board, LR 20:539 (May 1994), amended LR 22:710 (August 1996), LR 24:328 (February 1998), LR 25:26 (January 1999), LR 26:1019 (May 2000), LR 29:577 (April 2003), LR 31:1330 (June 2005), LR 32:242 (February 2006), LR 35:65 (January 2009), LR:37:1605 (June 2011), LR 39:1042 (April 2013), LR 41:1668 (September 2015), LR 42:570 (April 2016), LR 42:743 (May 2016), LR 44:270 (February 2018), LR 48:40 (January 2022), LR:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed rule has been considered. This proposed rule will have no impact on family functioning, stability, or autonomy as described in R.S. 49:972 since it only clarifies the procedures for applying for reparations.

Poverty Impact Statement

The proposed Rule should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973.B. In particular, there should be no known or foreseeable effect on: (1) the effect on household income, assets, and financial security; (2) the effect on early childhood development and preschool through post-secondary education development; (3) the effect on employment and workforce development; (4) the effect on taxes and tax credits; (5) the effect on child and dependent care, housing, health care, nutrition,

transportation, and utilities assistance.

Small Business Analysis

In compliance with Act 820 of the 2008 Regular Session of the Louisiana Legislature, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses, as described in R.S. 49:978.1 et seq.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on: (1) the effect of the staffing level requirement or qualifications required to provide the same level of service; (2) the total direct and indirect effect on the cost to the providers to provide the same level of service; or (3) the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments on this proposed rule no later than March 17th, 2023, at 5 p.m. to Bob Wertz, Louisiana Commission on Law Enforcement, P.O. Box 3133, Baton Rouge, LA 70821.

Amanda Tonkovich
Chair

**LOUISIANA CRIME VICTIMS REPARATIONS BOARD
HEALTHCARE PROVIDER FORENSIC MEDICAL EXAM**

DIRECT REIMBURSEMENT CLAIM FORM AND ATTESTATION FORM INSTRUCTIONS

Office: (225) 342-7756 · Fax: (225) 342-1672 · Nationwide Toll-Free: (888) 6-VICTIM · P.O. Box 3133 Baton Rouge, LA 70821-3133
lcle.la.gov/programs/crime-victims-reparations

GENERAL INSTRUCTIONS

- As the healthcare provider, you are allowed to submit a claim to our office to be reimbursed for a forensic medical exam provided to a victim of a sexually-oriented criminal offense. LA R.S. 40:1216.1(6) outlines the healthcare services a victim should not be directly billed for when a forensic medical exam is conducted. Any ancillary services to the forensic medical exam should be billed to the victim. Any follow-up visits should be billed to the victim. If the patient is a victim of a sexual offense and did not receive a forensic medical exam, you should bill the victim. If the patient is a victim of any other type of violent crime, you should bill the victim.
- Please inform the victim that our program may be able to assist them with any medical bills they receive as a result of a violent crime.
- Please print legibly. If the information on the claim form is illegible, you will be asked to resubmit the claim.
- Please fill out the claim form completely. Any information not provided could result in the claim being deferred.

CLAIM FORM – SECTION 1

- Fill in the victim's general information used to identify them. If the victim has two surnames, include both surnames in the last name field.
- Please provide us with at least the victim's state of residence if the victim chooses not to give their full mailing address.
- The social security number is used to search for other claims the victim may have in our system. If the victim does not have or will not share a social security number, indicate a reason why you are not providing a social security number, such as undocumented, not issued, or not available.
- Was the victim incarcerated when the crime occurred? If yes, please contact the correctional facility for payment. The Crime Victims Reparations Board does not reimburse a claim for an incarcerated victim.
- The gender and race of the victim is used for statistical purposes and in no way affects the Crime Victims Reparations Board's decision on approving or denying the claim.

CLAIM FORM – SECTION 2

- Was the patient a victim of a sexually-oriented criminal offense? If no, do not submit a claim to our office.
- Did the crime occur in the state of Louisiana? Our program can only reimburse a claim if the crime occurred in Louisiana, or if the victim is a resident of Louisiana and the crime occurred in another state that does not have a crime victim reparations program.
- Provide the location of the crime. Do not use unknown or not available.
- If the exact crime date is not known, provide an approximation which can be a month/year or date range. Do not use unknown or not available.
- If the victim is a minor or vulnerable adult, mandatory reporting is required by law. The Crime Victims Reparations Board will defer the claim if the reporting information is not filled in for a victim who is a minor or vulnerable adult. This information is not required for an adult victim.

CLAIM FORM – SECTION 3

- Did the victim receive a forensic medical exam? If no, do not submit a claim to our office.
- You are required to fill in the name and credentials of the forensic medical examiner with the examiner's license number and the name of the facility where the exam was conducted. Credentials means SANE, RN, NP, MD, etc. Do not abbreviate the facility name.
- Did the victim choose to file with their health insurance issuer which includes Medicaid, Medicare, and TRICARE? The victim is not required to file with their health insurance issuer. If the victim chooses not to file with their health insurance, the claim form for the forensic medical exam reimbursement can be immediately sent to our office. If the victim chooses to file with their health insurance issuer, their health insurance issuer must be billed first. Once the healthcare provider receives a payment from the victim's health insurance issuer, the claim form along with an itemized bill showing the remaining balance and an explanation of benefits can be submitted to our office for any non-covered services directly related to the forensic medical exam. The Crime Victims Reparations Board is a payor of last resort.
- Indicate the type of healthcare provider you are representing. The healthcare facility is the hospital or clinic where the forensic medical exam was conducted and will receive \$1,000.00. The healthcare professional is who performed the forensic medical exam (i.e., RN, SANE, NP, MD) and will receive \$600.00. The reimbursement amounts are subject to change if insurance payments are applied.
- You are required to fill in the billing information, your information as the authorized representative of the healthcare provider, and sign and date the claim form.

ATTESTATION FORM

- The attestation form must be attached with the direct reimbursement claim form and signed by the forensic medical examiner.
- If you are a healthcare professional not directly associated with the healthcare facility where the forensic medical exam was conducted, make sure you leave a copy of the filled in and signed attestation form with the healthcare facility. The healthcare facility must submit the attestation form with their direct reimbursement claim form.
- Any discrepancies between the claim form and attestation form will result in delayed reimbursement.

Mail all forms to the Louisiana Crime Victims Reparations Board Office, P.O. Box 3133 Baton Rouge, LA 70821-3133

Revised December 8, 2022

**LOUISIANA CRIME VICTIMS REPARATIONS BOARD
HEALTHCARE PROVIDER FORENSIC MEDICAL EXAM
DIRECT REIMBURSEMENT CLAIM FORM**

Office: (225) 342-7756 · Fax: (225) 342-1672 · Nationwide Toll-Free: (888) 6-VICTIM · P.O. Box 3133 Baton Rouge, LA 70821-3133
lcle.la.gov/programs/crime-victims-reparations

SECTION 1 – PATIENT/VICTIM INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Social Security #: _____
 Did the crime occur while the patient/victim was incarcerated? Yes No **If yes, please contact the correctional facility for payment.**

The information listed below will be used for statistical purposes only.

Gender	Race		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific	<input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White Non-Latino/Caucasian	<input type="checkbox"/> Multiple Races <input type="checkbox"/> Other

SECTION 2 – CRIME INFORMATION

Is the patient a victim of a sexually-oriented criminal offense which includes any sexual offense listed in LA R.S. 15:541(24)? Yes No

If you answered no to the above question, do not submit a claim to our office.

Did the crime occur in Louisiana? Yes No Date of Crime: _____ Victim's age at the time of the crime: _____
 Location of Crime City: _____ Parish: _____ State: _____
 Was the crime reported to law enforcement or another investigative agency (mandatory for minors and vulnerable adults)? Yes No
 If yes to the above question, what agency: _____ Report No. (if available): _____

If the victim is a minor or vulnerable adult, mandatory reporting is required by law. A claim will be deferred by the Crime Victims Reparations Board if the reporting information is not listed for a victim who is a minor or vulnerable adult.

SECTION 3 – HEALTHCARE PROVIDER INFORMATION

Did the victim receive a forensic medical exam as defined in LA R.S. 15:622(2)? Yes No Date of Exam: _____

If you answered no to the above question, do not submit a claim to our office.

Name and credentials of examiner: _____ License No.: _____
 Name of facility where the exam was conducted: _____
 Did the victim choose to file with their health insurance issuer which includes Medicaid, Medicare, or TRICARE? Yes No

If the victim chooses not to file with their health insurance issuer, the healthcare provider can submit this claim form and the attestation form to our office for reimbursement for a forensic medical exam. If the victim chooses to file with their health insurance issuer, the health insurance issuer must be billed first. Once the healthcare provider receives a payment from the health insurance issuer, an itemized bill showing the remaining balance and an explanation of benefits in addition to this claim form and the attestation form can be submitted to our office for reimbursement for any non-covered services directly related to the forensic medical exam.

Select the type of healthcare provider you are representing: Healthcare Facility Healthcare Professional

Billing Information

Remit To: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Account No. or Invoice No.: _____ Date of Service: _____

Authorized Representative Information

Name: _____ Job Title: _____
 Email: _____ Phone: _____ Fax: _____

On behalf of the healthcare provider, I authorize the Crime Victims Reparations Board to review this application in accordance with all applicable laws. I agree and certify that no person shall incur any legal liability to me by releasing any information pursuant to this authorization. A photocopy or exact reproduction of this signed release shall have the same force and effect as the original. I understand that willfully and knowingly providing false information could result in a fine or imprisonment. I certify subject to penalty of law that all information submitted with this application is correct and true to the best of my knowledge and that losses to be claimed are a direct result of the crime.

 Signature of Authorized Representative for Healthcare Provider

 Date

**LOUISIANA CRIME VICTIMS REPARATIONS BOARD
FORENSIC MEDICAL EXAM ATTESTATION FORM**

Office: (225) 342-7756 • Fax: (225) 342-1672 • Nationwide Toll-Free: (888) 6-VICTIM • P.O. Box 3133 Baton Rouge, LA 70821-3133
lcle.la.gov/programs/crime-victims-reparations

This attestation form must be completed and signed by the forensic medical examiner. This form must be attached with the direct reimbursement claim form. If you are a healthcare professional who is not directly associated with the healthcare facility where the forensic medical exam was conducted, please make sure you leave a copy of this completed and signed form with the healthcare facility. The healthcare facility must submit this attestation form with their direct reimbursement claim form when submitting a claim for reimbursement. Do not abbreviate the healthcare facility name.

Victim's Name: _____ Date of Birth: _____

Date of Exam: _____ Date of Crime: _____

Facility where exam was conducted: _____

Agency crime was reported to: _____

I attest that I am the healthcare professional who performed the forensic medical exam and all the above information is true and correct. If I become aware of any discrepancies after the fact, I will immediately notify all appropriate parties and take the appropriate action to resolve the discrepancies.

Printed Name and Credentials of Forensic Medical Examiner

License No.

Signature of Forensic Medical Examiner

Date

SANE Program or Healthcare Provider You are Representing

**LOUISIANA CRIME VICTIMS REPARATIONS
RELOCATION EXPENSE VERIFICATION FORM**

*** If a victim or claimant is applying for relocation reimbursement, in addition to this form the “CVR Application” will also need to be completed and submitted with this form.** This worksheet is provided to assist you in filing for you relocation expenses. Please provide a **receipt or a form of verification** for each expense for which you are requesting. Louisiana Crime Victims staff will verify and review the requested items and recommend the final amount to be paid.

Types of Expenses and Limits Total payment or reimbursement not to exceed \$5,000*	Amount (\$)
Rental Housing: <ul style="list-style-type: none"> • Please provide a copy of your rental/ lease agreement. 	\$
Utilities Deposit:	\$
Telephone Deposit and Connection Fee:	\$
Temporary Lodging:	\$
Food, Clothing, and Other Personal Items: <ul style="list-style-type: none"> • Please provide receipts and a statement explaining the reasons these items were necessary as a direct result of the crime. 	\$
Other Necessary Expenses: <ul style="list-style-type: none"> • Please provide receipts and a statement explaining the reasons these items were necessary as a direct result of the crime. Examples of expenses may include moving van/truck rental, fuel costs, airplane tickets, moving expense, fees, etc. 	\$
Total Relocation Expenses:	\$

I declare under penalty of perjury under the laws of the State of Louisiana that the information I have provided is true, correct and complete to the best of my knowledge.

Your signature designates you have read and agree with the above statement.

Signature: _____ **Date:** _____

Important Information for Domestic Violence or Sexual Assault Victims/ Claimants

When the relocation is for a victim of sexual assault or domestic violence, the claimant shall agree not to inform the offender of the location of the victim’s new residence and not allow the offender on the premises at any time, or the victim shall agree to seek a restraining order against the offender.

(Claimants Initials) _____

LOUISIANA CRIME VICTIMS REPARATIONS INSTRUCTIONS FOR PROVIDER CERTIFICATION FOR A VICTIM OF CRIME

In place of a police report, a victim of a crime can have a professional provider like a licensed counselor or social worker, healthcare provider, or attorney certify that they are a victim of a qualifying crime so that they can apply for reimbursement through the Crime Victims Reparations Program (CVR).

What is CVR and how will this benefit my patient/client?

The Crime Victims Reparations fund (CVR), is a statewide program that assists victims of crime and secondary victims to pay for the financial costs of the crime when they have no other means of paying. In order to qualify, a victim must either have: (1) a police report (2) court documents relevant to crime (3) a report from a prosecuting attorney (4) or this certification from a licensed healthcare professional. Victims who qualify may be able to get assistance from CVR with medical bills, relocation for safety, lost wages, mental health counseling, funeral expenses and more.

What Crimes Qualify for the CVR program: Crimes that involve the use of force *or* the threat of the use of force and result in personal injury, death or catastrophic property loss. These crimes include domestic violence, sexual assault, homicide, assault, human trafficking, etc. Qualifying motor vehicle related crimes are limited to DWI, Hit and Run, victim of a driver who is fleeing apprehension by law enforcement, or a victim whose injuries were intentionally inflicted with a vehicle.

To certify that someone you are treating/serving in a professional capacity is a victim of a qualifying crime, you must:

- 1) Fill out the "Provider Certification for a Victim of Crime" form completely. Providing clear and detailed information makes it easier for the Board to make a determination about their eligibility.
- 2) Please attach any additional documentation such as medical records, court orders, letter from provider, etc. All attachments must be on letter-sized paper.

To turn in this form, there are two options:

- 1) Return completed form and any attachments to the victim. Victim must attach your certification to their "Application for Crime Victims Reparations" and any other CVR reimbursement forms, and turn all documents in to the Claims Investigator (CI) in the parish where the crime occurred, or
- 2) You can turn this form in directly to the Claims Investigator in the parish where crime occurred. Please note that nothing will be processed until the victim turns in their application paperwork to the CI.
 - To find Claims Investigator contact info here: www.lcle.state.la.us/programs/crime-victims-reparations/crime-victims-resources

Need Help or have questions?

- Contact the Claims Investigator in the parish where the crime occurred
- Contact the CVR Board Staff at 225-342-1749

*** Please note that this form is only for verifying that a victim is eligible for the CVR program.**

If a victim is applying for medical or mental health reimbursement from CVR, the victim/provider must also include the "Medical Expense Claim form" or the "Mental Health Claim Expense form" in addition to this form and the "CVR Application".

LOUISIANA CRIME VICTIMS REPARATIONS BOARD
PROVIDER CERTIFICATION FOR A VICTIM OF CRIME
 CVR Office: (225) 342-1749 | Nationwide Toll-Free (888) 6-VICTIM | www.lcle.la.gov/cvr

In order for your application to be processed, you must complete all information on this application.
PLEASE PRINT! You have one year from the date of the crime to file this application. If you are filing later than one year, you must attach a letter of explanation. Please remember, the Crime Victims Reparations Board is **NOT** responsible for your bills.

Please fill out this application completely.

VICTIM/SECONDARY VICTIM INFORMATION

Victim (or secondary victim) Name: First: _____ Middle: _____ Last: _____

Please check if secondary victim: yes no

Victim (or secondary victim) Date of Birth: _____ Date of Crime: _____

Victim age at time of crime: _____

Type of Qualifying Violent Crime(s): _____

Did the offense occur in Louisiana? yes no Parish where crime occurred: _____

Address/location where crime occurred: _____

Was the crime reported to law enforcement: yes no If yes, Police Department: _____

Item number: _____

INFORMATION FOR PROVIDER DOING CERTIFICATION

Provider Name _____ Agency: _____ Phone _____

Provider Workplace Address _____
 (Street, City, State, & Zip Code)

Discipline:

Attorney Doctor/MD Law Enforcement Licensed Clinical Social Worker Licensed Professional Counselor Nurse/NP

Other: _____ Louisiana License/Bar Number: _____

Louisiana Commission on Law Enforcement
 Crime Victims Reparations
 P.O. Box 3133
 Baton Rouge, LA 70821

VICTIM OF CRIME CERTIFICATION

Please provide a brief summary of the incident and victim's involvement (PLEASE PRINT LEGIBLY, OR TYPE):

Describe any injuries (physical or emotional) the victim sustained from the crime (attach medical documentation if applicable):

What is your relationship to victim (i.e., victim's doctor, counselor, etc.)?

What date(s) did the victim report this crime to you:

- Please check all that apply: I certify that the applicant is a victim of a qualifying crime to the best of my knowledge.
- I do not certify that the applicant is a victim of a qualifying crime to the best of my knowledge.
 - Victim was informed about the submission of this certification.

Disclaimer: I am not compensated by any federal grant funds to provide services to crime victims.

I hereby certify under oath the information contained herein to be true and correct, to the best of my knowledge, under penalties of perjury.

Provider Signature (to be signed in original blue ink):

Date: _____

Print Name:

Date: _____

Louisiana Commission on Law Enforcement
Crime Victims Reparations
P.O. Box 3133
Baton Rouge, LA 70821