

The header banner features a faded background image of a crime scene at night with police lights and a person. On the left is the official seal of the Oregon Department of Justice. The text is centered over this background.

OREGON DEPARTMENT OF JUSTICE

Crime Victim and Survivor Services

Reducing the impact of crime on the lives of victims and survivors

CRIME VICTIMS' COMPENSATION PORTAL TRAINING

Presented by:
Cecilia Lucero

Client Portal – Let's get Started

<https://www.doj.state.or.us/crime-victims/>

OREGON DEPARTMENT OF JUSTICE

Crime Victim and Survivor Services

Reducing the impact of crime on the lives of victims and survivors

Search


Choose to search: **Victims & Survivors** or All DOJ

ATTORNEY GENERAL	CHILD SUPPORT	CONSUMER PROTECTION	CHARITIES	VICTIMS & SURVIVORS	MEDIA	
Victims' Rights	Victims' Resources	Training Opportunities	Grant Funds	For Grantees	For Medical Providers	Advisory Committees & Task Forces

DOJ Home / Victims & Survivors




Be HIP – Heard Informed Present – In celebration of National Crime Victims' Rights Week, more than 600 people in all 36 counties participated in this event (see photo gallery).



Attorney General Ellen Rosenblum and CVSSD Staff

What We Do



The **Crime Victim and Survivor Services Division (CVSSD)** is here to reduce the impact of crime on victims' lives. We help victims cover crime-related costs and we support statewide victim services programs. We promote and protect victims' rights, and we provide information and resources.

[More about the CVSSD](#)

Victim Assistance Training Opportunities

CVSSD now offers an easy way to search and register for victim assistance-related trainings by CVSSD and our statewide partners in Oregon on our [Training Calendar](#).

If you offer relevant trainings you'd like to see on this calendar, please use our [submission form](#) to let us know what you're offering and who it is for.

Our Impact

5300
Average victims' compensation claims processed each year

2200
Average pieces of mail the Address Confidentiality Program handles each month

137
Number of victim services agencies receiving grant funding from CVSSD

Featured

[VICTIMS' COMPENSATION PORTAL](#)

[UPLOAD DOCUMENTS TO PORTAL](#)

[CRIME VICTIMS' RIGHTS](#)

OREGON DEPARTMENT OF JUSTICE
Crime Victim and Survivor Services
Reducing the impact of crime on the lives of victims and survivors

Crime Victims' Compensation Portal Tutorial for Crime Victims Tutorial for Service Providers

By creating a Claims Management account, you can:

- Submit an application.
- Upload documents to a claim.
- Check claim status and payments.

Claim information can only be accessed by the listed victim or applicant, and will not be released without their permission. Please contact cvssportal@doj.state.or.us to request to be added to a claim.

REGISTER **SIGN IN**

[Forgot your password?](#)

Click on Register

Please register if you
haven't done so already

Register

* denotes required field

* Role: Advocate

* Email:

* First Name:

* Last Name:

Phone:

Extension:

* Organization: Select Organization

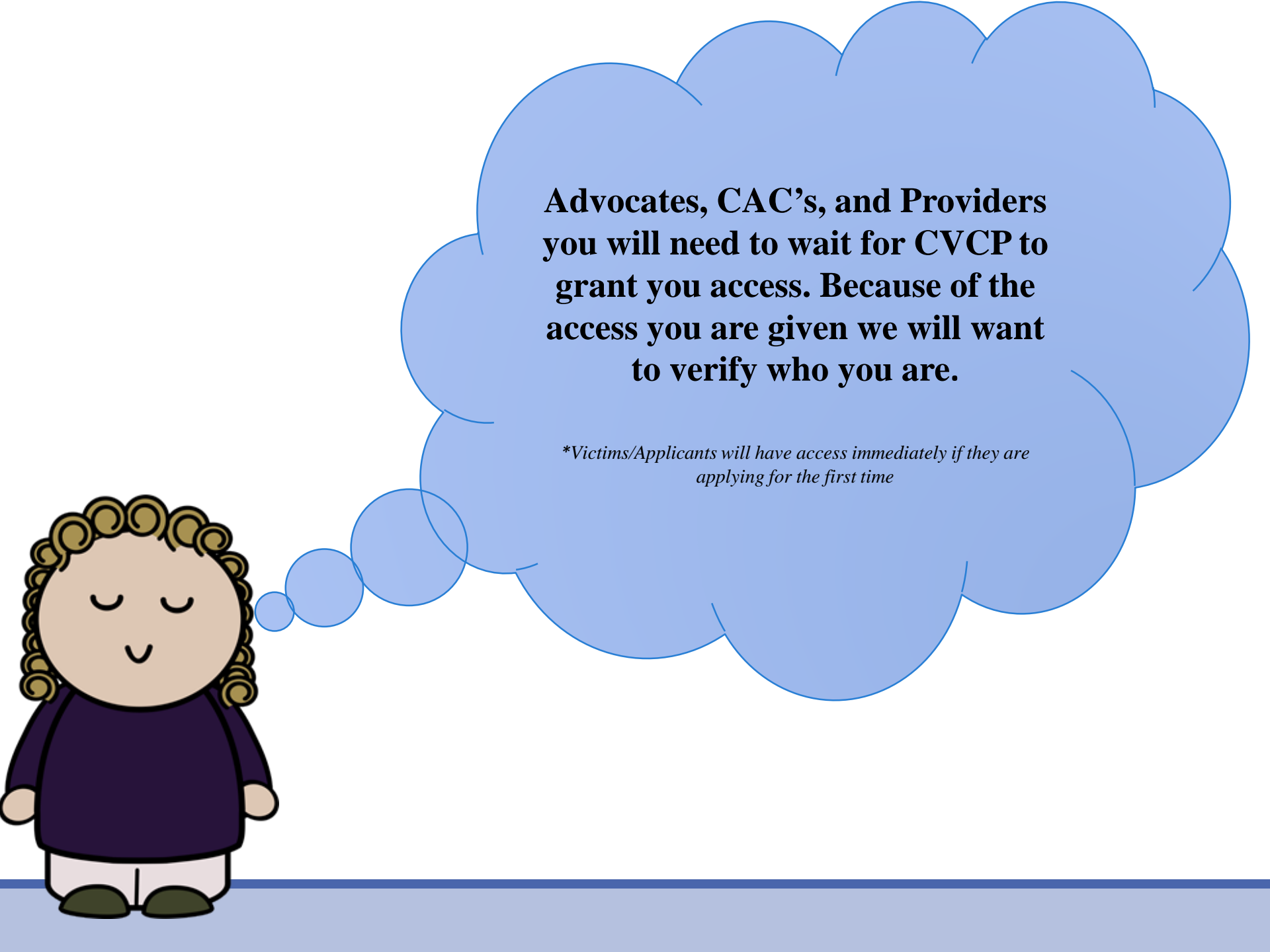
* County: Select County

* Password:
Passwords must be at least 14 characters, with at least one lowercase and at least one uppercase. [Advice on how to create a strong password \(and remember it\)](#)

* Confirm password:

Register

Click Register when
you're done



**Advocates, CAC's, and Providers
you will need to wait for CVCP to
grant you access. Because of the
access you are given we will want
to verify who you are.**

**Victims/Applicants will have access immediately if they are
applying for the first time*

**Advocates,
CAC's and
Providers you
can do the
following:**



- Submit applications
- Search for claims
- See claim status and payment information
- Upload police reports, bills and chart notes, Etc.
- E-mail the claims assistant
- View insurance information
- Print and submit forms

Victim/Applicants
have only access to
the application they
submitted

-
- Submit application
 - Look at their claim (no searching capability)
 - See claim status and payment information
 - Upload documentation
 - E-mail claims assistant
 - View insurance information
 - Update contact information
 - Print and submit forms



Once You Log In

Empowering victims, honoring rights, rebuilding lives

[Tutorial for Service Providers](#)

[How Do I](#)

[Search Claims](#)

[File A Claim](#) ▾

[Crime Victims](#) ▾

Type of Claims

Crime Victims Compensation: If you were the victim of a person crime in the state of Oregon.

[More Types](#)

Quick Help

View a Claim: Search by Claim Number

[Show](#)

Search Claims

Search:

Claim Number ▾

Claim Number



[Search](#)

Claim Submissions

Note: If you'd like access to claims filed online prior to the portal, please email cvsdpf@doj.state.or.us. Applications filed by paper will not be accessible in the portal.

Filter:

Show 10 ▾

Edit	Claim Number	Online Submission Id	Submission Date	Victim	Application Status ?	
	CV 04673-16	13542	11/17/2016	Test Test	Received	 

Showing 1 to 1 of 1 entries

Searching For Claims

Tutorial for Service Providers	How Do I	Search Claims	File A Claim ▾
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Type of Claims

Crime Victims Compensation: If you were the victim of a person crime in the state of Oregon.

[More Types](#)

Quick Help

View a Claim: Search by Claim Number

Search Claims

Search:

*NOTE: To make searching simple
please enter only the number in a CV

- You are limited to seeing claims that the crime happened in your county
- You must have the claim number (CV 00000-00)
- If you do not have the claim # please call 503-378-5348 or email cvssdportal@doj.state.or.us

Once you search for a claim you will see the following claim information...

The screenshot shows a web application for searching claims. At the top, there is a search bar with a dropdown menu set to 'Claim Number' and a text input containing 'cv 04673-16'. A 'Search' button is to the right. Below the search bar is a 'Search Results' section. It includes a 'Filter:' input field and a 'Display 25' dropdown. A table with one data row is shown. The table has columns for 'Claim Number', 'Victim', 'Claim Determination Status', 'Date Received', 'Claim Expiration Date', 'Assigned Examiner', 'Assigned Assistant', and 'Status'. The data row shows 'CV 04673-16', 'Test, Test', 'Claim accepted', '11/17/2016', '11/18/2019', 'Jody', 'Cecilia', and 'Accepted'. There is a 'Select Claim' link to the left of the first row. Below the table, it says 'Showing 1 to 1 of 1 entries'. Four callout boxes with arrows point to specific parts of the interface: a blue box points to the 'Claim Number' dropdown, a red box points to the 'Search' button, a blue box points to the 'Claim Determination Status' column, and a yellow box points to the 'Claim Expiration Date' column.

Search

Search: Claim Number cv 04673-16 Search

Search Results

Filter: Display 25

	Claim Number	Victim	Claim Determination Status	Date Received	Claim Expiration Date	Assigned Examiner	Assigned Assistant	Status	
Select Claim	CV 04673-16	Test, Test	Claim accepted	11/17/2016	11/18/2019	Jody	Cecilia	Accepted	+ 🗨

Showing 1 to 1 of 1 entries

This is the claim #

Date the application was received

This is the result of the claim.. Was it accepted, denied, suspended, etc.

This is when the claim expires

Search Results

Filter:

Display 25 ▾

	Claim Number	Victim	Claim Determination Status	Date Received	Claim Expiration Date	Assigned Examiner	Assigned Assistant	Status ?	
Select Claim	CV 04673-16	Test, Test	Claim accepted	11/17/2016	11/18/2019	Jody	Cecilia	Accepted	 

Showing 1 to 1 of 1 entries

Click "Select Claim" to see claim information

Click here to email the assistant

When Clicking on Select Claim you will see:

- Claim Detail
- Payment Detail
- Forms
- Insurance information for the victim
- You can also upload and contact us through this page

CV 05029-07

Claim Detail

Payments

Forms

Claims Search

Claim Detail

Victim: Doe, Jane
Claim Number: CV 05029-07
Date Received: 07/11/2017
Status: Accepted
Claim Expiration Date: 12/17/2021
Date Of Crime: 12/17/2007
Referred By: Victim Assist Program
Examiner Assigned: Christy
Assistant Assigned: Christy
Reported To: Marion County Sheriff's office
Date Reported:
Crime County: Yamhill
Determination Status: Accepted SA/DV Counseling
Determination Date: 06/27/2017

Insurance

Filter:

Show 10 ▾

Organization Name	Type	Effective Date	Policy Number
OHP	Current Health Insurance	1/1/2017 12:00:00 AM	ZB23651B
Blue Cross Blue Shield of Idaho	Current Health Insurance	1/1/2017 12:00:00 AM	

Click here to upload documents

Click on the payment tab and you will see all the payments we have made

CV 04673-16

[Claim Detail](#) [Payments](#) [Claims Search](#)

Payments

Filter: Display 25 ▼

	Pay To	Transaction Type	Provider Name	Amount Paid
Detail	Metro West Ambulance	Ambulance	Metro West Ambulance	\$150.00
Detail	Legacy Emanuel Hospital	Hospital	Legacy Emanuel Hospital	\$800.00
Detail	Test Test	Loss of Earnings		\$400.00
Detail	Test Test	Anesthesiology		\$300.00
Detail	Oregon Acupuncture Center	Acupuncture	Oregon Acupuncture Center	\$600.00
Detail	Legacy Emanuel Hospital	Anesthesiology	Legacy Emanuel Hospital	\$100.00
Detail	Providence Alaska Medical Center	Hospital	Providence Alaska Medical Center	\$5,000.00

Page 1 of 1

Do you need more payment info?
Click here

Payment Detail

- Paid by prior – amount insurance paid.
- Fee schedule – If victim doesn't have insurance CVC uses the Workers Comp fee schedule.
- Other deduction – examples are restitution received by the victim & out of pocket payments made to the victim.

Payment Detail



Pay To:	Legacy Emanuel Hospital
Date Service Started:	05/19/2017
Date Service Ended:	05/19/2017

Provider Name:	Legacy Emanuel Hospital
Transaction Type:	Hospital
Account Number:	123456789
Date Bill Received:	06/07/2017
Amount Billed:	\$900.00
Amount Allowed:	
Paid By Prior:	(\$600.00)
Fee Schedule:	(\$0.00)
Other Deductible:	(\$100.00)
Amount Of Payment:	\$200.00

Authorized By:	Christy Simon
Date Authored By:	05/11/2018
Check Comments:	*other deduction is patient responsibility.
Check Request Verbiage:	Restitution received by victim

Close

**When you click on
the forms button
you will see all of
the forms available**

A screenshot of the Oregon Department of Justice Crime Victim and Survivor Services website. The header features the department's name and the tagline "Reducing the impact of crime on the lives of victims and survivors". Below the header is a navigation bar with links: "Tutorial for Service Providers", "How Do I", "Search Claims", "File A Claim", and "Christy". A sidebar on the left shows "CV 05029-07" and links for "Claim Detail", "Payments", "Forms", and "Claims Search". The "Forms" link is circled in red. Below the sidebar, there are links for "Getting Started with Crime Victims (English)" and "Getting Started with Crime Victims (Spanish)".

OREGON DEPARTMENT OF JUSTICE
Crime Victim and Survivor Services
Reducing the impact of crime on the lives of victims and survivors

Tutorial for Service Providers How Do I Search Claims File A Claim ▾ Christy ▾

CV 05029-07 Claim Detail Payments **Forms** Claims Search

Getting Started with Crime Victims (English)
Getting Started with Crime Victims (Spanish)

Forms that will be added are work release and employment verification that advocate can print and give to the victim so they can provide to their physician and employer to be filled out and returned to CVC if they are applying for loss of earnings

Do you want to see forms that are available? Click here

Uploading right after submission

Types of files you can upload

- Word
- Picture
- PDF

The screenshot displays the 'Claims Management' web application. At the top, a navigation bar includes links for 'How Do I', 'Search Claims', 'File A Claim', and a user profile 'Cecilia'. A yellow callout box with the text 'Click here to get started' points to the 'File A Claim' link. Below the navigation bar, a message states: 'Your Online Web Claim Submission has been submitted. Your Online Submission Id is 15278. To upload reports click [here](#). If documents are not uploaded during submission, please allow 3-5 days to access claim.' The word 'here' in the link is circled in blue. Below this message, a modal window titled 'Add Claim Documents' is open. It contains two buttons: a green '+ Add Documents' button and a dark blue 'Submit Documents' button. A light blue callout box with the text 'This screen pops up – you are welcome to upload multiple documents at one time' has a line pointing to the '+ Add Documents' button.

Claims Management

How Do I Search Claims File A Claim Cecilia

Your Online Web Claim Submission has been submitted. Your Online Submission Id is 15278. To upload reports click [here](#). If documents are not uploaded during submission, please allow 3-5 days to access claim.

Add Claim Documents

+ Add Documents

Submit Documents

This screen pops up – you are welcome to upload multiple documents at one time

Uploading
from:

claim detail
under
submissions

CV 04673-16

Claim Detail

Payments

Claims Search

Claim Detail



After finding the claim you
were looking for click here
to upload documents

Add Claim Document

Category:

Select File Category



Document
File:

Browse...

Submit Document

Documents associated with Claim

This screen pops-
up and you are
welcome to come
back at any time
and upload all the
documents you
need

From the submission page

[CV 04673-16](#)

13542

11/17/2016

Test Test

Received



What do Victims/Applicants See

Victim can click on claim # to see claim detail

Claim Submissions

Note: If you'd like access to claims filed online prior to the portal, please email cvssdportal@doj.state.or.us. Applications filed by paper will not be accessible in the portal.

Filter:

Show 10 ▾

Edit	Claim Number	Online Submission Id	Submission Date	Victim	Application Status	
		29456	11/29/2017	test test	Incomplete	
		29076	11/02/2017	test test	Rejected	
		27941	10/24/2017	Test Test	Incomplete	
		15553	01/25/2017	John Test	Rejected	
		13652	11/23/2016	Test Advocate	Rejected	
		13654	11/23/2016	Test Test	Rejected	
		13656	11/23/2016	Test Test	Rejected	
		13351	11/10/2016	Wilson Joe	Rejected	
		11978	10/21/2016	Test Last	Rejected	
	CV 05029-07	4946	06/10/2016	This Test	Received	

Claim Details



Claim Number: CV 04673-16
 Date Received: 11/17/2016
 Claim Expiration Date: 11/18/2019
 Determination Status: Claim accepted
 Determination Date: 11/18/2016

This will show you the status of your claim.

Payments

Victim can click here to update their contact information


Status of Application

		29540	12/05/2017	Cecilia Lucero	Incomplete	 
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Incomplete: An application was started and saved but not Submitted

		26542	09/30/2017	Christian Borton (Tough)	Duplicate	 
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Duplicate: An application was submitted but a prior application was submitted for the same incident

CV 04673-16		13542	11/17/2016	Test Test	Received	 
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Received: The application was submitted and imported by CVCP. The claim # was given.

**Payment
Info seen by
Victims**

Payments

Paid To:

▼ [Legacy Emanuel Hospital](#)

Date Service Started: 01/01/2018
Date Service Ended: 01/01/2018

Amount Billed: \$1,234.00
Paid By Prior: (\$0.00)
Fee Schedule: (\$123.00)
Other Deductible: (\$0.00)
Amount Of Payment: \$1,111.00

Print

Submitting an application

Here are your application options...

- **Crime Victims Compensation** application is the most common application and is for a victim of a person crime.
- **Untested Forensic Kit** is for victims who were just notified that their kits have not been tested.
- **Post-Conviction Program** is for victims going through the post-conviction court system
- **Address Confidentiality Program** – You must be a certified application assistant to use this application

Tutorial for Service Providers How Do I Search Claims **File A Claim** Cecilia

Type of Claims
Crime Victims Compensation: If you were the victim of a person crime in the state of Oregon.
[More Types](#)

Quick Help
View a Claim: Search by Claim Number, or
[Show](#)

File A Claim dropdown menu:
Crime Victims Compensation
Untested Forensic Kit
Post-Conviction Program

Search Claims

Search:

Who Can Apply for CVC

Anyone who was a victim of a violent person to person crime that occurred in Oregon can apply for Crime Victims.

- CAC's and Advocates can assist with the application process
- Hi-lighted fields are required.

APPLICATION FORM

Please complete the highlighted fields

Who referred you to our program?

☐ Police

☐ DA Office

☐ Victim Assistance Program

☒ Child Abuse Assessment Center

Lincoln County CAC

☐ Medical Provider

☐ Other:

You are filing this application because you are (check one):

☐ The victim of a crime

☐ The parent or guardian of a crime victim under 18 years of age

☐ A family member of a victim who died as the result of the crime

☐ The parent or guardian of adult victim who can't apply on their own

☐ Other (explain):

☐ CAC Submitting for the MA

Victim Information

Victim Information

(Person who is injured or deceased)

First Name:		Middle Name:	Last Name:	
Mailing Address:		Apt #:	City:	State: Oregon
Phone:		Social Security Number:		Zip: English
Date of Birth:	If victim is deceased, date of death:			Gender: Select a Gender
May we contact you by email? No		If yes, please provide your email address:		

- Victims 14 years or older can apply for themselves
- Under the age of 14 require a guardian as applicant

Applicant Information

Applicant Information

(Parent or Guardian of injured victim, or family member of deceased victim)

First Name:		Middle Name:	Last Name:	
Mailing Address:	Apt #:	City:	State: Oregon	Zip:
Phone:	Social Security Number (see page 8):		Language Spoken: Select a Language	
Date of Birth:	Gender: Select a Gender	Your relationship to the victim		
May we contact you by email? No		If yes, please provide your email address:		

Who can be the Applicant

- Parent, Guardian, DHS. Applicant must be legally responsible for the victim.

Crime Information

Crime Information

(Required for all claims)

Type of Crime:	Select Type of Crime ▼			
Alleged Suspect (if known):			Date of Birth:	
First Name	Last Name			
Additional Suspect (if applicable):			Date of Birth:	
First Name	Last Name			
Date of Crime:	Date Reported:	Report Number:		
Name of Police Department reported to:		Name of Officer:		
Select Police Department ▼				
Was the crime reported within 72 hours?			No ▼	
If No, please explain why (required):				
Location of Crime:	City:	State:	Zip:	County:
		Oregon ▼		Select County ▼
Reports to be provided by Child Assessment Center (Please check ALL that apply)			<input type="checkbox"/> Forensic Interview <input type="checkbox"/> Medical Assessment	

- Please make sure to select the correct Police Department. CVC will request the report from the police agency listed. If advocate can help obtain the report the claim will be prepared more quickly.
- Crime date is important if available

Loss of Earning / Loss of Support

How can we help you?

Check all that apply

<input type="checkbox"/> Medical	<input type="checkbox"/> Counseling	<input type="checkbox"/> Loss of Earnings	
<input type="checkbox"/> Dental	<input type="checkbox"/> Physical Rehabilitation	<input type="checkbox"/> Transportation	
(For homicide claims only):	<input type="checkbox"/> Funeral	<input type="checkbox"/> Loss of Support	
<input type="checkbox"/> Survivor Counseling			
If applying for Loss of Earnings or Loss of Support, please complete the following:			
Name of Victim's Employer:	Address:	Phone:	Returned to work? No <input type="button" value="v"/>
Name of Victim's Doctor:	Address:	Phone:	Date returned to work:
Do you have any of the following to help with Loss of Earnings or Support?:			
<input type="checkbox"/> Sick Pay or Disability through employer		<input type="checkbox"/> Social Security	
<input type="checkbox"/> Workers' Compensation			

- Loss of earnings is for direct victims only and victim must be employed at time of crime
 - Please note that we cannot pay for wage loss by parents.
- Victim's employer is required.
- Name of Victims doctor is required if missed more than 2 weeks of work. CVC will rush a claim when victim has missed more than 2 weeks of work as long as a police report is received.

Providers

Injuries and Expenses

Please describe your injuries (including mental trauma) resulting from the crime:

--

Have you had any medical treatment or counseling as a result of the crime? Please list providers seen for crime-related injuries or trauma, paid or unpaid:

No



Provider Name:	Address:	City:	State:	Zip:	Phone Number:
			Select a State	▼	
			Select a State	▼	
			Select a State	▼	

Injuries and expense section can be used to give any details to CVC

If Victim has seen a medical provider please list them

If Victim will be seeking crime related medical care they can give their provider CVC information for billing.

Prior Resource

Insurance Information (required for all claims)		
Please check ALL that apply to the victim at the time of the crime, or as the result of the crime. List insurance company and other resource information below, and attach a copy of your insurance card. (use additional pages if necessary)		
<input type="checkbox"/> Private Health Insurance	<input type="checkbox"/> Medicare	<input type="checkbox"/> Dental
<input type="checkbox"/> Oregon Health Plan	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Auto Insurance
		<input type="checkbox"/> None
Insurance Company Name:		
Have you received or expect to receive any payment as a result of this crime?		No <input type="button" value="v"/>
If yes, Source		Amount

- Health insurance and Oregon Health Plan
 - Auto insurance
 - Restitution
 - Civil settlements
-
- ☐ If services are denied “not eligible or not covered” by primary insurance then the EOB with denial codes must be submitted to CVC for consideration of payment.
 - ☐ If full billed amount went to deductible and no adjustment by insurance then CVC will apply Workers Compensation Fee Schedule.

Optional Contact

Optional Contact Person

(Person we can talk to about your claim)

First Name:	Middle Name:	Last Name:
Contact person's phone:	Contact person's relationship to the victim:	Language Spoken: ▼

- List any person who victim gives permission to speak to CVC about their claim.
- If mom is applying & dad has permission to discuss the claim please add dad as an optional contact.

Additional Counseling

Additional Counseling

Did anyone besides the victim receive or will be requesting counseling because of the crime? (Homicide Survivor Counseling, Child witness to domestic violence, family member of child victim of sex abuse).			No	▼
Name of Family Member:		Date of Birth:	Relationship to Victim:	Insurance Carrier:
First Name	Last Name		▼	
First Name	Last Name		▼	
First Name	Last Name		▼	

- Immediate family members of Child Sexual Abuse Victims (parents/guardian, siblings)
- Survivor of homicide victims
- Child Witness to DV
- If family member has health insurance please add the name of the insurance

Civil Attorney and Funeral

Civil Attorney Information


Have you hired an attorney regarding a civil suit involving this crime?			No	▼
Attorney Name:			Telephone:	
First Name	Last Name			
Address:	City:	State:	Zip:	
		Select a State	▼	

For Homicide Claims Only

Please list all out-of-pocket and unpaid Funeral Expenses:					
Provider of Funeral Services:	Address:	City:	State:	Zip:	Phone:
			Select a State	▼	
			Select a State	▼	
At the time of death, was the victim financially supporting any dependents?					No
Name of Dependent:		Date of Birth:	Address:		Relationship to Victim:
First Name	Last Name				▼
First Name	Last Name				▼

- CVC will send subrogation notice to the civil attorney. CVC will wait for response from civil attorney before paying any bills.
- List funeral home where expenses were obtained and CVC will request the information. If applicant paid out of pocket expenses for the funeral, please list.

Advocate Section

Advocate Contact Information (Person who is assisting victim with application)		County: Yamhill 
Advocate name:	Advocate e-mail:	Advocate phone#:
Christy Simon	christy.a.simon@doj.state.or.us	

This information auto populates if the advocate helps the victim apply for CVC. Advocate is imported into the claim.

❖ Signature authorizes medical records to be released to CVCP.

❖ Signing CVCP application=victim agrees to pay back the program if crime related money is received.

Information Release

The Crime Victims' Compensation Program (CVCP) must investigate all applications. This authorization will be used to gather information from law enforcement, your employer (s), insurance companies, financial institutions, medical facilities, and other sources in order to determine and manage your claim. CVCP will disclose information about your claim only when required by law to do so.

MEDICAL AND OTHER RELEASE:

BY SIGNING THIS APPLICATION I HEREBY CONSENT TO RELEASE RECORDS between CVCP and any hospitals, physicians, counselors, medical facilities and services, any insurer including social security and disability benefits, any employers, and any social services or governmental agencies including Employment Department, Adult and Family Services Division, State Office for Services to Children and Families, Worker's Compensation Division, State Court Administrator or any other authorized person or law enforcement agency for purposes relating to my CVCP application.

I ALSO HEREBY CONSENT TO RELEASE TO CVCP any document(s) related to disability information or income from other sources and/or my medical records even if it contains information about drugs, alcohol, mental health, or HIV testing.

I EXPRESSLY AND VOLUNTARILY AUTHORIZE DISCLOSURE of my records for the purpose stated above. I further understand that I am not giving permission for any disclosure other than that described above. I understand that I may revoke this authorization at any time, except to the extent action has been taken on this authorization.

My Promise to the Program

BY SIGNING THIS APPLICATION I HEREBY AGREE to immediately inform the CVCP when any crime-related recovery is expected or received. I further agree to pay back the CVCP from those recoveries a sum that is equal to the amount of the total CVCP award. I acknowledge and agree that the sources of recovery this subrogation agreement will pertain to include, but are not limited to, the following types of recovery sources: court-imposed restitution, civil judgments against the offender or other liable/obligated third parties, any insurance settlements, or settlements/benefits from any other governmental or private agency. I further agree to refund to CVCP all sums of money paid by CVCP pursuant to this claim, if the claim is at any time determined to be in error, false or fraudulent.

BY SIGNING THIS APPLICATION I UNDERSTAND THAT UNDER PENALTIES OF UNSWORN FALSIFICATION, I declare that the information in this application is true and accurate. I, or we, authorize the Crime Victims' Compensation Program of the Department of Justice to verify any information on this application.

☐ By checking this box and typing my name below I am electronically signing my application. I understand that my electronic signature has the same legal effect and can be enforced in the same way as my handwritten signature.

Signature of Victim/Applicant:

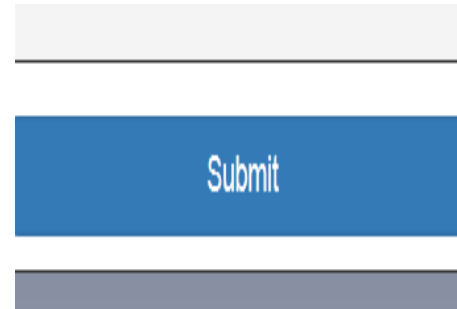
Date:

Signature of 14-17 year old:

Date:

SUBMIT

Click Submit when the application is complete



The image shows a vertical stack of three rectangular bars. The top bar is light gray. The middle bar is blue and contains the word 'Submit' in white text. The bottom bar is dark gray.

If you skipped any required fields they will be marked in **PINK** and you will need to fix them and click submit again

Questions?



Thank you for attending
our presentation!

*Contact: Christy Simon, Compensation Support Staff Manager
Cecilia Lucero, Claims Assistant*

Phone: (503) 378-5348

*Email: christy.a.simon@doj.state.or.us
cecilia.v.lucero@doj.state.or.us*