Oregon Department of Justice
Crime Victim and Survivor Services Division
Every victim, every crime, every right, every time.

Crime Victims' Compensation Homicide Application

You may qualify for help through the Crime Victims' Compensation (CVC) program if you lost a family member due a violent crime in Oregon.

Please note: CVC does not request or consider immigration status when determining eligibility for compensation.

You can apply for CVC help with crime-related expenses like:

- Funeral
- Survivor Counseling
- Loss of Support
- Crime Scene Clean Up

Answers to Commonly Asked Questions

- You cannot receive CVC compensation for lost or damaged property, or for pain and suffering.
- CVC can only compensate for loss of support if the victim was employed at the time of the crime. Dependents of the employed victim are eligible for loss of support.
- CVC is the payor of last resort and can only pay for expenses that are not covered by health insurance, homeowners' insurance, or auto insurance (if applicable).

How do I apply?

You can apply electronically through the Crime Victims' Compensation Portal at doj.state.or.us/cvcportal.

You can also submit your application by email: cvssd@doj.state.or.us

You can mail a paper application to:

Oregon Department of Justice
Crime Victims' Compensation Program
1162 Court Street NE
Salem, OR 97301–4096
Telephone: 503-378-5348 or 1-800-503-7983

You must sign the form, giving us permission to verify the information provided in your application. CVC cannot process unsigned applications. We will not process an application until we receive a signed release from you.

Accessible Materials

To request this application in another language, in an electronic format for screen readers, or to request an accommodation, please contact us at:

Email: cvssd@doj.state.or.us
Telephone: 503-378-5348 or 1-800-503-7983

How can I get help with this application?

- You can find victim service programs to assist with your application in each county: doj.state.or.us/davap
- When using the CVC Portal, consult the tutorial at doj.state.or.us/cvcportal-tutorial.

What happens next?

- We'll notify you by mail or email when a determination is made (typically within 1-2 weeks). You'll receive a claim number to track your claim in the online CVC Portal.

For more information, visit our website: doj.state.or.us/crime-victims

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Oregon Crime Victims' Compensation Program

The Crime Victims' Compensation (CVC) program is here to help you. Our mission is to reduce the impact of crime on victims and their families. If you have any questions about the CVC program, please call us toll free at 1-800-503-7983 or email us in any language at cvssd@doj.state.or.us.

Homicide Application Form – Information marked with * is required. Information marked with ♦ is required based on a previous answer. Read the instructions in that section to see if the information is required for your situation.

Type of Crime:

☐ Homicide/Manslaughter
☐ Witness to a homicide (if you select this choice, complete only the sections marked with ♦)

Victim Information (Person who is deceased. Date of death is required.) ♦

First Name: *	Middle Name:	Last Name: *
Date of Birth: *	Date of Death: *	

Applicant Information Family member of deceased victim, the person who witnessed the homicide, or the person who is financially responsible for the funeral. ♦

First Name: *	Middle Name:	Last Name: *	Your relationship to the victim: *	
Mailing Address: *	Apt #:	City: *	State: *	Zip: *
Phone: *	Preferred Language:	Date of Birth: *	Pronouns:	
May we contact you by email? * ☐ Yes ☐ No	If yes, please provide your email address:			

Crime Information

Did the crime involve a vehicle? * ☐ Yes ☐ No	If yes, name of victim's auto insurance & claim #: ♦	
Alleged Suspect (if known): *	Date of Birth:	
Additional Suspect (if applicable):	Date of Birth:	
Date of Crime: *	Report #:	Name of Police Department: *
Location of Crime – Address: *		
Additional Information:		

Optional Contact Person (Person we can talk to about your claim.)

First Name:	Last Name:	Preferred Language:
Contact's Phone:	Contact's Email:	Contact person's relationship to the victim:

Advocate Information (The victim services person or advocate assisting you with this application, if applicable.)

Advocate Name:	Advocate Email:	Advocate Phone:	County:

Medical Treatment Information

Was the victim transported to the hospital? ☐ Yes ☐ No If yes, name of the hospital:	Did the victim have medical insurance? ☐ Yes ☐ No If yes, name of insurance:

Civil Attorney

Have you retained a civil attorney? ☐ Yes ☐ No			
Attorney Name: ♦	Phone: ♦	Email: ♦	
Address:	City:	State:	ZIP:

Loss of Support (Dependents of the deceased victim may be eligible for loss of support. Guardians of the dependents must apply for these benefits.)

Was the victim employed on the date of the crime? * ☐ Yes ☐ No If yes, information marked ♦ below is required.		
Name of Victim's Employer:♦	Phone: ♦	Address and/or Email: ♦

At the time of death, was the victim financially supporting any dependents? ☐Yes ☐No			
Name of Dependent:	Date of Birth:	Address:	Relationship to Victim:

Funeral Information

Provider of funeral services:	Address:	City:	State:	ZIP:	Phone:

Required Release to Process Your Application

Crime Victims' Compensation (CVC) must verify the information in an application. By signing this release, you are giving permission to CVC to gather information related to your application, including information from law enforcement, employer(s), insurance companies, financial institutions, medical facilities, and other sources to determine and manage your claim. We will never contact the perpetrator or civilian witnesses in the process of reviewing your claim.

You must sign this form to allow CVC to verify the information in your application. We will return any unsigned applications.

Medical and Other Information Release

By signing this application, I consent to release records between CVC and any hospitals, physicians, counselors, and medical facilities and services; any insurer, including Social Security and Disability benefits; any employers; any social services or governmental agencies, including the Employment Department, Department of Human Services, Worker's Compensation Division, county District Attorney's Office, and State Court Administrator; or any other authorized person or law enforcement agency for purposes relating to my CVC application, management of my claim, and restitution.

I also consent to release to CVC any document(s) related to disability status or benefits, income from other sources, and/or my medical records, even if they contain information about drugs, alcohol, mental health, or HIV testing.

The claim is valid for 3 years from the date of acceptance. This release is valid until the claim expires or the claimant revokes consent.

I understand that I may revoke my consent at any time, but my revocation cannot be applied retroactively to disclosures that have already occurred.

Other Compensation or Fraudulent Information

By signing this application, I agree to immediately inform CVC when I expect or receive any crime-related recovery (any payments or compensation related to this crime, like insurance payments).

If I receive crime-related recovery from other sources, I agree to reimburse CVC from those recovery payments up to the total amount of my CVC award. I agree that the sources of recovery that this agreement applies to include, but are not limited to, 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 agree to reimburse CVC all money paid by CVC related to this claim if the claim is determined to be fraudulent.**

Signature – By signing this application, I declare under penalties of unsworn falsification that the information in this application is true and accurate. I authorize the Crime Victims' Compensation program of the Oregon Department of Justice to verify any information on this application.

Signature of Victim/Applicant:	Date:
Signature of 14- to 17-year-old Victim:	Date:

Legal Background

According to ORS 147.105 (1)(i), CVC has the authority to request information to process applications for compensation. If you receive compensation because you intentionally misrepresented information that CVC used to determine or pay compensation, your compensation awards will be forfeited.

Nondiscrimination

CVC is committed to providing services free from discrimination based on race, color, national origin, ethnicity, religion, sex, disability, age, gender identity, sexual orientation, and caste. All federally funded programs, including CVC, are prohibited from this discrimination based on Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d); Section 504 of the Rehabilitation Act of 1974, as amended: Subtitle A, Title II of the Americans with Disabilities Act (ADA); Department of Justice regulations on disability discrimination, 28 CFR Part 35 and 39; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1974; the Omnibus Crime Control and Safe Street Act; the Victims of Crime Act; the Violence Against Women Act; and the Department of Justice Nondiscrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G.

The following voluntary information is used for statistical purposes only to comply with federal regulations.

Is the victim disabled? ☐ Yes ☐ No	**Was the victim disabled prior to the date of crime?** ☐ Yes ☐ No	**Gender:**

Race/Ethnicity of victim:

☐ Black or African American	☐ Asian	☐ Multiple Races
☐ American Indian or Alaskan Native	☐ Hispanic or Latino	☐ Another ethnicity:
☐ Native Hawaiian or Other Pacific Islander	☐ White Non-Latino or Caucasian	