

Victim Name: _____

Claim#: _____

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 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-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.