



**DEPARTMENT OF JUSTICE**  
CRIME VICTIM AND SURVIVOR SERVICES DIVISION

March 18, 2026

Applicant1  
AAddr1  
AAddr2  
ACityStateZip1  
AFaxEmail1

Re: Claim No.: ClaimNbr1  
Victim: VictimName1

This claim will expire ExpirationDate.

Dear ApplicantGreet:

Crime Victims' Compensation Program (CVC) requires a signed release for any person listed on an application for compensation. Please sign and date the enclosed authorization form and return it to the Department as soon as possible. The Department requires this signed release in order to process your application and work with any medical providers. Most often medical providers will not release information necessary for the processing of your claim without an authorization.

You will have 30 days from the date of this letter to provide the requested documentation unless you request and are granted an extension of time by this office. Thank you for your prompt response. Should you have any questions, please call or email.

Sincerely,

Crime Victims' Compensation Program  
P: (503) 378-5348  
E: [cvssd@doj.oregon.gov](mailto:cvssd@doj.oregon.gov)  
F: (503) 378-5738

**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 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 three 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.

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- 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.**

<b>Is the victim disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was the victim disabled prior to the date of crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender:</b>
<b>Race/Ethnicity of victim:</b>		
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White Non-Latino or Caucasian	<input type="checkbox"/> Multiple Races <input type="checkbox"/> Another ethnicity: