

# **AR Joint Performance Review Hearing**

**April 25, 2022**



**Arkansas Crime Victims Reparations Board**

**1 State Police Plaza Drive**

**Little Rock, AR 72209**

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**<https://www.dps.arkansas.gov>**

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# **ARKANSAS CRIME VICTIMS REPARATIONS BOARD**

## **RULES**

### **BOARD MEMBERS**

|                                                                                   |                          |
|-----------------------------------------------------------------------------------|--------------------------|
| <b>Jan Church, PhD., Chairman</b><br><i>Psychologist</i>                          | <b>Little Rock</b>       |
| <b>Paula Steinsiek</b><br><i>Victim Advocate</i>                                  | <b>Sherwood</b>          |
| <b>Bryce Brewer</b><br><i>Attorney</i>                                            | <b>Little Rock</b>       |
| <b>Lt. Eugene Tyree</b><br><i>Victim Advocate</i><br><i>Ret. NLR Police Dept.</i> | <b>North Little Rock</b> |
| <b>Molly Shepherd</b><br><i>Attorney</i>                                          | <b>El Dorado</b>         |

### **STAFF**

|                         |                             |
|-------------------------|-----------------------------|
| <b>Lynette Parham</b>   | <b>Administrator</b>        |
| <b>Melinda Perkins</b>  | <b>Investigator</b>         |
| <b>Tonya Hooks</b>      | <b>Investigator</b>         |
| <b>Varnell Messer</b>   | <b>Investigator</b>         |
| <b>Michaela Thomas</b>  | <b>Fiscal Officer</b>       |
| <b>Amanda Yarbrough</b> | <b>ACVRB Staff Attorney</b> |

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**Rule No. 1.1**

**TITLE AND OPERATIVE DATE OF THE ACT**

The title of the Act under which these rules are being promulgated is known as the Arkansas Crime Victims Reparations Act, hereinafter referred to as the "Act" and Arkansas Code Annotated § 12-12-404.

**Rule No. 1.2**

**MEMBERSHIP AND OFFICERS OF THE BOARD**

The Board shall consist of five (5) members appointed by the Governor to serve four (4) year terms and until the successor is appointed and qualified. At least two (2) members of the Board shall be persons admitted to practice law in this state. At least one (1) member of the board shall be: (A) a victim of criminally injurious conduct; (B) the next of kin of a homicide victim, or (C) an individual experienced in providing victim assistance services. Of the first members appointed, two (2) shall be appointed for a term of two (2) years, two (2) shall be appointed for a term of three (3) years, and one (1) shall be appointed for a term of four (4) years. Vacancies shall be filled in the same manner.

**Rule No. 1.3**

**PURPOSE OF THE BOARD**

The purpose of the Board shall be to hear and decide all matters relating to Crime Victims Reparations applications. The Board shall have the authority to award compensation to victims of crime for economic loss arising from criminally injurious conduct if satisfied by a preponderance of the evidence that the requirements for compensation have been met.

## **Rule 1.4**

### **POWERS AND DUTIES OF THE BOARD**

The Board shall have the power:

1. To hear and determine all matters relating to applications filed with the Arkansas Crime Victim Reparations Board for compensation, including the power to re-investigate or re-open claims without regard to the statutes of limitations.
2. The Board, or the Administrator, on behalf of the Board, may subpoena witnesses, compel their attendance, enter orders, require the production of records and other evidence, administer oaths or affirmations, conduct hearings and receive relevant evidence. The Board shall be considered in continuous session for the purposes stated above.
3. To regulate its own procedures except as otherwise provided in the Act.
4. To adopt rules to implement the provisions of the Act.
5. To define any term not defined in the Act.
6. To prescribe forms necessary to carry out the purposes of the Act.
7. To request access to any reports of investigations or other data necessary to assist the Board in making a determination of eligibility for compensation.
8. To publicize the availability of compensation and information regarding the filing of claims therefore.
9. To order the claimant to submit to a mental or physical examination or order the autopsy of a deceased victim if the results would be material to a claim.
10. To require the claimant to supply any additional medical or psychological reports available relating to the injury or death for which compensation is claimed.
11. To deny, withdraw or reduce an award of compensation upon finding that the claimant did not fully cooperate with the appropriate law enforcement agencies.
12. To reconsider a decision granting or denying a compensation award, based on its own motion or on request of the claimant.
13. To suspend the application for compensation proceedings pending disposition of a criminal prosecution that has been commenced or is imminent, but the Board may make a tentative award.

14. To join in a civil action as a part plaintiff to recover the compensation awarded if the claimant brings such action.
15. The Board shall be provided such office, supplies, staff and secretarial services as necessary by the Department of Public Safety.
16. All necessary and reasonable expenses of the Board shall be paid for from the Crime Victims Reparations Revolving Fund.
17. The Board shall have the duty of preparing and transmitting an annual report to the Governor
18. To Reimburse any medical facility or licensed healthcare provider for the reasonable cost of providing medical-legal examinations to victims of sexual assault as outlined in Arkansas Code Annotated 12-12-401 et seq.

## **Rule 1.5**

### **MEETINGS OF THE BOARD**

1. The Board shall meet on the third Thursday of January, March, May, July, September, and November – six (6) times each year, or at the call of the Chairperson, at 9:30 a.m. to hear appeal claims.
2. The Chairperson shall serve as presiding officer at all official meetings of the Board. In the absence of the Chairperson, the remaining Board members present at the meeting may designate a president officer for that meeting.
3. The Chairperson shall have the authority to vote on all matters coming before the Board.
4. A majority of the Board shall constitute a quorum at hearings on appeal claims. The concurrence of two (2) members of the commission shall be necessary to determine the outcome of a claim. The Board may act in a panel of three (3) with proxies or consent decrees being permitted.
5. In the event of a tie vote the matter or matters shall be continued to the next meeting.
6. The order of business at any meeting of the Board shall follow the agenda prepared in advanced of the meeting. Such other matters may be brought before the Board as shall be requested by any member in writing and presented to the Chairperson.
7. Administrative staff shall be responsible for preparation of minutes for each Board meeting.
8. Roberts Rules of Order, Revised, shall govern all meetings of this Board.

### **Rule 1.6**

#### **BOARD STAFF**

The Administrator of the Board shall be the Chief Executive Officer of the Board staff. He/she shall be hired by the Secretary of the Department of Public Safety with the advice and consent of the Board. He/she shall be responsible for the administration of the rules, policies and procedures promulgated by the Board, pursuant to the Administrative Procedure Act, and within such restraints as mandated by statute.

The Administrator shall also be responsible for employment, supervision, evaluation and termination of Board employees and shall delegate appropriate powers and duties to them, subject to the advice and/or consent of the Secretary and the Board.

**Rule 1.7**

**AMENDMENT TO RULES**

Any modification or amendment to the Rules of the Board shall be made pursuant to the procedure as outlined in the Arkansas Administrative Procedure Act.

## **Rule 1.8**

### **CONFLICT OF INTEREST**

No member of the Board shall use such appointment for purposes which are motivated by private gain, including gain for providers, claimants, or victims with which the board member is associated within any capacity. There shall exist a conflict of interest when a provider, claimant, or victim with whom the board member is associated with appears before the board in the course of business of the board.

When such a conflict arises for a member, the individual member should declare the conflict. Additionally, any member of the Board who questions whether or not another member has a conflict of interest in the matter under discussion may ask for a determination by the Board. If the Board finds that a conflict exists, the affected member shall also follow the aforementioned procedure.

Any member of the Board who declares a conflict of interest, or who is found to have a conflict, should neither participate in debate nor vote on the issue in question.

A conflict of interest shall exist among members of the administrative staff in any case where a member of the Department of Public Safety's staff or a person related, whether by blood, adoption, or marriage within the second degree of consanguinity to a member of the Department of Public Safety's staff is the claimant or victim on a claim for compensation.

Additionally, the administrator of the Board and the staff attorney may determine that a conflict of interest exists on claims where one or more members of the administrative staff know the claimant or victim.

Administrative staff members shall immediately notify the administrator when another member of the Department of Public Safety's staff or someone whom they believe is known by one or more members of the administrative staff has filed a claim.

In the event that a conflict arises or exists among all members of the administrative staff, the administrative staff may gather necessary information and present the application and attachments to the Board, but shall not participate in the debate, nor vote on the claim in question.

The administrative staff shall also immediately notify the administrator when such staff members knows the victim or claimant on a particular claim.

If only one staff member is determined to have a conflict, then that staff member shall not participate in the debate, nor vote on the claim in question. If that staff member has been assigned to investigate the claim, then the administrator shall immediately re-assign the claim to another investigator.

## Rule No. 2.1

### DEFINITIONS

1. **BOARD** - Means the Arkansas Crime Victims Reparations Board, hereinafter referred to as the Board.
2. **CLAIMANT** - Means any of the following persons applying for reparations under this act:
  - a. a victim,
  - b. dependent of a victim who has died because of criminally injurious conduct, or
  - c. a person authorized to act on behalf of any of the persons listed above.

The term shall not include a service provider.

3. **VICTIM** - Means a person who suffers personal injury or death as a result of criminally injurious conduct committed within the state of Arkansas. The term further includes any Arkansas resident who suffers personal injury as the result of criminally injurious conduct which occurs in states presently not having crime victims reparations programs for which the victim is eligible and any Arkansas resident who is injured or killed by an act of terrorism committed outside of the United States as defined in § 2331, Title 18, United States Code.

The term "victim" shall include a person who:

- (A) is an immediate family member of a deceased victim, a victim of sexual assault, or a child victim;
- (B) is not an immediate family member, but resided, at the time of the crime, in the same permanent household as a deceased victim;
- (C) discovered the body of a victim who dies as the result of criminally injurious conduct.
- (D) is the minor child, whether by blood, adoption, or marriage, of an eligible victim.

4. **DEPENDENT** - Means a natural person wholly or partially dependent upon the victim for care or support, and includes a child of a victim born after the death of the victim where the death occurred as a result of criminally injurious conduct.

5. **IMMEDIATE FAMILY** - Means a person's spouse, children, parents or guardian, siblings, and grandparents whether related by blood, adoption, or marriage.

6. **CRIMINALLY INJURIOUS CONDUCT** - Means an act which occurs or is attempted in this state that results in personal injury or death to a victim which is punishable by fine, imprisonment or death. This term shall include acts of terrorism committed outside of the United States as defined in §2331, Title 18, United States Code, against any Arkansas resident. This term shall not include acts arising out of the operation of motor vehicles, boats or aircraft unless the acts involve any of the following:

- (A) Injury or death intentionally inflicted through the use of a motor vehicle, boat, or aircraft;
- (B) A violation of the Omnibus DWI Act, A.C.A. § 5-65-101 et. seq;
- (C) A violation of A.C.A. § 27-53-101 (Leaving the scene of an accident involving serious injury or death).

**7. PERSONAL INJURY** - Means actual bodily harm, including pregnancy or mental anguish, which is the direct result of a violent criminal act.

**8. ECONOMIC LOSS** - Means monetary detriment consisting of allowable expense, and work loss, but shall not include non-economic detriment.

**9. ALLOWABLE EXPENSE** - Means charge incurred for needed products, services and accommodations, including, but not limited to medical care, rehabilitation, rehabilitative occupational training, crime scene cleanup, and other remedial treatment and care. It also includes a total charge not in excess of Seven Thousand Five Hundred Dollars (\$7,500) for expenses related to funeral, cremation or burial. Such term shall also include the cost of legal services for the establishment of guardianship for minor children pursuant to Arkansas Crime Victims Reparations Board Rules.

**10. WORK LOSS** - Means loss of income from work the victim or claimant would have performed in their regular course of employment if the victim had not been injured or died, reduced by any income from substitute work actually performed by the victim or claimant or by income the victim or claimant would have earned in available appropriate substitute work that he or she was capable of performing but unreasonably failed to undertake. Individuals filing claims must provide clear and convincing evidence of employment including but not limited to pay stubs, tax returns or certified documentation from employer.

**11. NON-ECONOMIC DETRIMENT** - Means pain, suffering, inconvenience, physical impairment and non-pecuniary damage.

**12. COLLATERAL SOURCE** - Means a source of benefits or advantages for economic loss which the claimant has received, or which is readily available to the claimant including but not limited to any one or more of the following:

- (a) the offender,
- (b) the government of the United States or any agency thereof, in the form of benefits, such as Social Security, Medicare, and Medicaid, or a state or any of its political subdivisions,
- (c) state required temporary non-occupational disability insurance,
- (d) workers' compensation,

- (e) wage continuation programs of any employer,
- (f) proceeds of a contract of insurance payable to the claimant for loss which the victim sustained because of the criminally injurious conduct, or
- (g) a contract providing prepaid hospital and other health care service or benefits for disability.

**13. CATASTROPHIC** - Means injuries involving a sustained loss of function, including but not limited to any of the following conditions: mangle, crushing, or amputation of a major portion of an extremity; traumatic injury to the spinal cord that has caused or may cause paralysis; severe burns that require burn center care; or serious head injury, loss of vision, or loss of hearing.

**14. TOTAL AND PERMANENT DISABILITY** – Means an impairment based upon demonstrable medical evidence, which restricts the victim from performing the usual tasks of a worker to such an extent that the victim cannot maintain employment.

**Rule No. 2.2**

**TYPES OF COMPENSATION AVAILABLE**

For victims, as defined by A.C.A. §16-90-703(2), compensation is available for the following types of expenses:

Economic loss sustained by the victim or a dependent arising from the criminally injurious conduct of another. Future economic loss is also compensable but may be reduced or discontinued if the recipient's circumstances change.

For victims, as defined by A.C.A. §16-90-703(2), compensation is available for the following types of expenses:

Mental health expenses incurred as a result of the criminally injurious conduct of another.

Awards for mental health expenses, for any victim, shall be made in accordance with guidelines established by a committee of mental health professionals appointed by the Arkansas Crime Victims Reparations Board.

### **Rule 2.3**

#### **ELIGIBILITY CRITERIA FOR COMPENSATION**

1. The criminally injurious conduct leading to the filing of the reparations claim must have occurred in Arkansas or must have occurred to a resident of Arkansas in a state without a reparations program for which the victim is eligible or to a resident of Arkansas who is injured or killed by an act of terrorism committed outside of the United States as defined in § 2331, Title 18, United States Code.
2. The incident must have occurred on or after July 1, 1988.
3. The incident must have been reported to the proper authorities within 72 hours or would have been reported within the period of time except for good cause.
  - (A) Good cause shall include, but not be limited to:
    - (1) the physical incapacity of a victim,
    - (2) the mental incompetence of a victim,
    - (3) the age of the victim,
    - (4) the injury was not reasonably discoverable.
4. The application for compensation must be filed within one (1) year of the incident, unless the Board finds good cause for failure to file a timely claim.
  - (A) Good cause shall include, but not be limited to:
    - (1) the physical incapacity of a victim,
    - (2) the mental incompetence of a victim,
    - (3) the age of the victim,
    - (4) the injury was not reasonably discoverable,
    - (5) restitution or other collateral source was regularly being paid and then terminated,
    - (6) postal service delays which are verifiable.
5. The victim must have suffered personal injury or death as a result of the criminal act of another.
6. The claimant and/or victim must to the extent able, have cooperated with law enforcement officials during their investigation.

The following issues may be considered when determining cooperation:

1. Failure to cooperate in the prosecution of the defendant or to appear as a witness.
2. Not cooperating initially but later deciding to cooperate and the delay allows

the defendant to escape prosecution.

3. Not cooperating initially but later deciding to cooperate without any good cause as to the delay.
  4. Causing extra or unnecessary effort on the part of law enforcement to gain prosecution.
  5. Reluctantly providing information pertaining to the crime; failing to appear when requested, without good cause; giving false or misleading information; or attempting to avoid law enforcement.
  6. Failing to prosecute or cooperate with law enforcement because of fear for his/her personal safety.
  7. Failing to give testimony or otherwise cooperate with the prosecutor's office.
  8. Failing to cooperate with Arkansas Crime Victims Reparations Board administrative staff by not returning requested information, not returning telephone calls, not providing accurate information, etc.
7. The net amount of compensation requested in the application must not have been paid by another source.
  8. The claimant and/or victim was not the offender or an accomplice of the offender. Claimant/victim may be denied if he/she has been engaged in an illegal activity during his/her victimization.

Illegal activity may consist of any of the following but is not limited to:

- (a) victim was buying drugs;
- (b) victim was using drugs;
- (c) victim was a minor and drinking alcohol;
- (d) victim was in an illegal place of business, such as a crackhouse, house of prostitution, or gambling establishment.

If claimant/victim contributed or was offender - compensation shall not be awarded to a claimant/victim who was the offender or an accomplice to the offender or who encouraged or in any way participated in the criminally injurious conduct. Compensation may be diminished to the extent or the degree of responsibility for the cause of the injury or death attributable to the victim, as determined by the Board.

In determining the amount of an award, the Arkansas Crime Victims Reparations Board shall determine whether, because of his conduct, the victim of such crime or the intervenor contributed to the infliction of his injury or to his death, and the Board shall reduce the amount of the award or reject the claim altogether, in accordance with such determination.

Contribution is determined by the action portrayed by the victim at the time of or immediately preceding the crime. While there is no set formula for calculating the percentage of contribution to be assessed, the following factors should serve as a guideline:

- (1) If it appears that the victim was provoked by the defendant in a manner threatening bodily harm to the victim, and the victim acted in self defense, no contribution should be assessed.
- (2) If it appears that the victim was provoked by the defendant in a manner where bodily harm to the victim appeared unlikely, and the victim used poor judgment because of intoxication or other drug involvement, a 25% contribution factor should be assessed.
- (3) If it appears that the defendant was provoked by the victim in a manner where bodily harm appeared unlikely, a 50% contribution factor should be assessed.
- (4) If the victim is injured as a result of his conduct not being that of a prudent person, a 50% contribution factor should be assessed.
- (5) If it appears that the defendant was provoked by the victim in a manner where bodily harm to the defendant appears intentional, a 75% contribution factor should be assessed.
- (6) If it appears that the defendant was provoked by the victim in a manner where bodily harm to the defendant is unquestionable, a 100% contribution factor should be assessed and the claim denied.
- (7) If the victim is not wearing protective equipment as prescribed by law, a 25% contribution factor shall be assessed. This includes helmets, seat belts, etc.
- (8) If the victim was involved in drugs as verified by the police report or other official documents, a 100% contribution factor should be assessed and the claim denied.

9. The injury or death must not have been the result of negligent maintenance or use of a motor vehicle unless the acts are committed with the intent to inflict injury or death or unless the acts committed were in violation of the Omnibus DWI Act, A.C.A. § 5-65-101 et. seq. or A.C.A. § 27-53-101 (Leaving the scene of an accident involving serious injury or death.)
10. Claimant/victim has not been convicted of a felony involving criminally injurious conduct.
11. Awards shall not be made to a victim who is injured or killed while confined in state, county, or municipal jail, prison or other correctional facility as a result of conviction of any crime.
12. The award would unjustly benefit the offender or accomplice except as permitted by the Arkansas Crime Victims Reparations Rules.
13. In those cases where the victim has died, the claimant will be considered to have no compensable loss for the expenses incurred by the victim as a result of the criminally injurious conduct if the claimant has no legal obligation to pay for these expenses.

**Rule No. 2.4**

**UNJUST ENRICHMENT**

1. No portion of a compensation award shall unjustly benefit the offender or accomplice. However, no award shall be denied solely on the basis of the victim's familial relationship to the offender or the presence of the offender in the household at the time of the award.
2. In determining whether or not an award would unjustly benefit the offender, the following factors should be considered:
  - a. The legal responsibilities of the offender to the victim and collateral resources available to the victim from the offender. Victims of family violence must not be penalized when collateral sources of payment are not viable.
  - b. Payments to victims of family violence that only minimally or inconsequentially benefit the offender.
  - c. The special needs of child witnesses to violence and child victims of criminal violence, especially when the perpetrator is a parent who may or may not live in the same residence.
3. Collateral resources available to the victim from the offender shall be considered when awarding a claim, however, the victim shall not be penalized for the failure of an offender to meet legal obligations to pay for the costs of the victim's recovery.
4. Payments to third-party providers shall be made to prevent cash intended for the victim's bills to be used by or on behalf of the offender.
5. The Board shall not penalize child victims by denying or delaying payment when offender or collateral resources are not forthcoming.

## **Rule 2.5**

### **MAXIMUM COMPENSATION AMOUNTS AND METHODS OF PAYMENTS**

1. Compensation payable to a victim or claimant incurring expenses due to injury or death may not exceed a total of Ten Thousand Dollars (\$10,000.00). However, for those victims whose injuries are catastrophic and result in a total and permanent disability, the maximum reparations amount shall not exceed \$25,000.
2. Compensation for funeral expenses of deceased victims may not exceed \$7,500.
  - a. Collateral sources of income such as burial policies, workers' compensation, etc. will be applied towards the total cost of the victim's funeral.
  - b. Life insurance may not be used as a collateral source when dependents of the deceased victim remain and may benefit from the proceeds of this policy.
  - c. Life insurance will be utilized as a collateral source and be applied against funeral expenses in those cases involving no surviving dependents.
3. The Board may provide for the payment to a claimant in a lump sum or in installments.
4. The Board shall pay all or part of an award directly to service providers unless evidence of prior payment for services is submitted.
5. The Board may also provide for payment of legal fees, not to exceed Two Hundred Fifty Dollars (\$250) - plus filing fees, of a guardianship when an award has been made to a minor child pursuant to Arkansas Crime Victims Reparations Board Rules. Legal services expenses shall not be deducted from the otherwise compensable amount unless amount is over \$10,000.
6. Upon request of the claimant, the Board may convert future economic loss, other than allowable expense, to a lump sum, but only upon a finding by the Board of either of the following:
  - a. That the award in a lump sum will promote the interests of the claimant;
  - b. That the present value of all future economic loss does not exceed One Thousand Dollars (\$1,000).
7. An award payable in installments for future economic loss may be made only for a period that the Board can reasonably determine future economic loss and may be modified by the Board upon finding that a significant change in circumstances has occurred.
8. Approved claims will be paid in the order of their approval by the Board as funds become available.

## **Rule 2.6**

### **APPLICATION REVIEW PROCEDURE**

1. A victim, dependent of a victim, or person legally acting in behalf of the victim, must first secure a copy of the official Victims Reparations Application Form from their local prosecuting attorney's office, law enforcement agency, victim/witness coordinator, service provider or from the Board. Assistance in completing the form may be provided by the victim/witness coordinator or the prosecuting attorney's staff in districts that have no victim/witness coordinator. The Crime Victims Reparations Board staff will also be available to assist in the completion of the form.
2. A form must be completed in its entirety, and accompanied with an itemized statement and police offense report or other official documentation from the agency to which the incident was reported.
3. A victim must submit a Victims Reparations Application as a necessary (but not sufficient) condition of directly receiving payment. The Board may directly reimburse a medical-care provider for costs associated with a sexual-assault testing kit, even in the absence of a victim's application. Such costs, which include those associated with testing for sexually transmitted diseases, may be reimbursed regardless of which fund or cost center is used to make the reimbursement.
4. The staff of the Board shall log the application as being received and begin a thorough review and verification process.
5. The Board and staff have the authority to conduct investigations and/or request any additional information from the victim, the investigating law enforcement agency, medical personnel and/or facilities, witnesses, employers and others as may be deemed necessary for the proper review and verification of the application.
6. The staff shall make a thorough analysis of the application and attachments, then prepare staff comments relative to the application which shall be filed in the application folder along with supportive data that is pertinent to the investigation.
7. The administrative staff shall have the authority to review and decide crime victim reparations claims up to the maximum allowable amount of Ten Thousand Dollars (\$10,000) or Twenty-five Thousand Dollars (\$25,000) for victims whose injuries are catastrophic and result in a total and permanent disability.
8. The administrative staff of the Board shall then make a decision regarding the claim. The claimant/victim shall be mailed notification of the administrative decision within fifteen (15) calendar days by mail. If the claim is denied the claimant/victim will be notified by certified mail, return receipt requested.

9. The claimant shall have the right to appeal decisions of the Board in the manner set forth in APPEALS PROCEDURE.

## **Rule No. 2.7**

### **ADVANCE (EMERGENCY) AWARD OF COMPENSATION**

The Board may make or authorize the Administrator to make an advance (emergency) award of compensation to the claimant/victim prior to taking action on an application and pending a final decision when it appears the claim is one for which compensation is probable and undue hardship will result to the claimant/victim if immediate payment is not made. The claimant/victim may request in the application that consideration be given for an advance award and provide justification for such award. A decision denying emergency relief shall not be appealable.

The amount of such advance (emergency) award shall not exceed Five Hundred Dollars (\$500). Any advance award shall be deducted from the final compensation made to the claimant/victim. If the final award amount is less than the amount of the advance award, the claimant/victim must repay the excess to the Board. If an emergency award is made and the claimant/victim later does not follow through with prosecution or some other requirement of this program, the claimant/victim will be required to reimburse the Board for the amount of the award made.

Criteria for payment of emergency awards is listed below:

- a. Claimant/victim is without an income at the time of application resulting in loss of food, heat or shelter.
- b. Claimant/victim cannot receive emergency service (i.e. burial) without the emergency payment.

Documentation required:

- a. Proof of financial emergency should be obtained for the file such as notice of eviction from the landlord or a shut-off notice from the power company.
- b. If no proof is available, then the investigator should note in file why he/she thinks the application is considered an emergency.
- c. There must be contact with the investigating law enforcement officer to verify what occurred, the victim's innocence and the victim's cooperation. A law enforcement offense report and Crime Victims Reparations Board Law Enforcement Form must be included in the file.
- d. For wage loss claims, the employer may be contacted by telephone but the written verification must follow to go in the file. If self-employed applicant must provide a copy of his/her last three (3) years tax return or check stubs for the last three (3) months as proof of his/her income. If proof is not available, lost wages can not be considered.
- e. If the injury is not commensurate with the time lost from work, a doctor's excuse

will be required.

- f. Claimant/victim is required to sign a promissory (demand) note which must be signed and executed by the claimant/victim with the Administrator prior to receiving the emergency award.

**Rule No. 2.8**

**APPEALS PROCEDURE**

1. In the event an application for compensation is approved in a modified form or denied, the administrative staff of the Board shall notify the claimant/victim by certified mail, return receipt requested, within fifteen (15) calendar days setting forth the basis of the decision.
2. The claimant/victim shall have the right to appeal and may do so by notifying the administrative staff of the Board, in writing, by certified mail, return receipt requested, of the intent to appeal within forty-five (45) calendar days of the date of the notification letter setting forth the Board's decision.
3. The claimant/victim shall then be entitled to a formal hearing before the Board. The hearing shall be held within ninety (90) calendar days of the date of the notice from the claimant/victim stating the intent to appeal.
4. The claimant/victim or an authorized representative, in the event the claimant/victim is incapacitated must be present at the appeal hearing. In an appeals hearing, all parties shall be afforded an opportunity to appear and be heard. A record of the proceedings shall be made and shall be transcribed upon request of any party, who shall pay transcription costs unless otherwise ordered by the Board.
5. Notification of Board meetings shall be made in compliance with Arkansas Code Annotated § 25-19-101 - 25-19-107 - the Arkansas Freedom of Information Act.
6. All agendas and supporting documentation necessary shall be mailed to the Board ten (10) calendar days in advance of the Board meeting.
7. The Board may, without a hearing, settle a claim by stipulation, agreed settlement, consent order or default.
8. The Board shall render its decision relative to the appeal within ten (10) calendar days of the formal hearing and the claimant/victim will be notified by mail.
9. The claimant/victim, if not successful in the appeal to the Board shall then have thirty (30) days from the receipt of the decision to file a petition for judicial review pursuant to Arkansas Code Annotated 25-15-212 in the circuit court of his/her county of residence or in Pulaski County.

**Rule No. 2.9**

**CLAIMS OF INCOMPETENTS OF MINOR CHILDREN**

Proof of the establishment of the guardianship may be required by the Board prior to release of funds to the claimant. A certified copy of the Order of Guardianship shall be sufficient proof.

**Rule No. 2.10**

**COST CEILING ON MEDICAL BILLS**

In connection with claims for payment on medical bills, not covered by insurance, made by victims, the Board will award up to 65% of medical bills, not to exceed a total reimbursement of \$10,000. However, for those victims whose injuries are catastrophic and result in a total and permanent disability, the total reimbursement shall not exceed \$25,000.

The provider of medical services to whom the award is made will be notified that by accepting the payment of 65% of their bill, they are agreeing not to commence civil actions against the victim or his legal representative to recover the balance due under the bill.

Acceptance of payment for services paid by the Arkansas Crime Victims Reparations Board shall be considered payment in full and bars any legal action for collection.

## **Rule No. 2.11**

### **COST CEILING ON MENTAL HEALTH BILLS**

1. In connection with claims for payment of mental health services, not covered by insurance, incurred by victims, the Board will pay a maximum of twenty-five Hundred Dollars (\$2500) or provide for six (6) months, whichever occurs first, provided the treatment plan is submitted within thirty (30) days of the application to the Board for those victims receiving ongoing therapy or within thirty (30) days of beginning therapy for those victims who seek mental health treatment after making application to the board. This treatment plan must state the basis for the necessity of such treatment, the anticipated extent of the treatment, and the relationship of the treatment to the crime perpetrated upon the victim and whether or not the diagnosis is related to a pre-existing condition.
2. A mandatory review by the Board is required after ninety (90) or twenty-five hundred dollars (\$2500), whichever occurs first, should the victim of the provider find that further services are required.
  - a. The provider will be required to submit a new treatment plan to justify the continued need for the treatment and its continued relationship to the crime.
  - b. The Board may way the maximum upon a justification of special need based upon documentation to be submitted by the provider.
  - c. The Board also reserves the right to have any mental health claims and treatment plans reviewed by an independent peer review committee should it so desire.

**Rule No. 2.12**

**SUPPLEMENTAL AWARDS**

If at the time of the application, the victim or claimant was unable to submit all of the itemized bills, he/she may submit supplemental bills to be considered after the original award. If a victim or claimant has been awarded their original claim at a reduced amount due to contribution, then the Board will note at the time of approval whether or not they will consider any supplemental awards concerning this claim. If the Board determines that supplemental awards will not be considered after the initial award, the Board shall so note at the time of the initial award. Each case will be considered on its own merits.

The total of the original award and any and all supplemental awards may not exceed \$10,000.

Supplemental awards may be paid quarterly.

Supplemental bills will be considered only if submitted within one year of:

- a. The date of treatment, or
- b. Notification of payment or denial by a collateral source.

**Rule No. 2.13**

**FINANCIAL OBLIGATION REQUIREMENT**

Reparations shall not be awarded to any victim/claimant who owes a financial obligation ordered or imposed as a result of a previous criminal conviction until the board receives information or materials establishing to the satisfaction of the board that the financial obligation has been satisfied. If the board does not receive the information or materials within six months after the board notifies the victim/claimant, the application will be closed and the victim notified of their right to appeal.

**Rule 2.14**

**PENALTY FOR FALSE CLAIMS**

The filing of a false claim for compensation pursuant to the Arkansas Crime Victims Reparations Act shall constitute a Class D Felony. If a victim or a claimant knowingly files a false claim or provides false information or fails to provide material facts or circumstances necessary to substantiate the claim, he/she may not at a later date, file a correct claim. If this happens, the claim shall be denied.

### **Rule No. 3.1**

#### **DEFINITIONS**

1. **MEDICAL-LEGAL EXAMINATION** – Means health care delivered to a possible victim of a sexual assault, with an emphasis on the gathering and preserving of evidence for the purpose of serving criminal justice.
2. **LICENSED HEALTH CARE PROVIDER** – Means a person licensed in a healthcare field who conducts medical-legal examinations or a medical facility that is currently licensed by the Department of Health and providing emergency services.
3. **VICTIM** -- Means any person who has been a victim of any alleged sexual assault or incest as defined by Arkansas Code Annotated § 5-14-101 et seq. and § 5-26-202.
4. **BOARD** – Means the Arkansas Crime Victims Reparations Board, hereinafter referred to as the Board.
5. **COLLATERAL SOURCE** – Means a source of benefits or advantages for economic loss, including, but not limited to:
  - (a) The government of the United States or any agency thereof, in the form of benefits such as Social Security, Medicare, and Medicaid, or a state or any of its political subdivisions;
  - (b) Proceeds of a contract of insurance payable to the sexual-assault victim;
  - (c) A contract providing prepaid hospital and other health care services or benefits. .
6. **SEXUAL ASSAULT** – Means an offense described in Arkansas Code Annotated § 5-14-101 et seq or § 5-26-202.

## **Rule 3.2**

### **ELIGIBILITY CRITERIA FOR COMPENSATION**

1. The victim received the medical-legal examination within ninety-six (96) hours of the attack or would have received the medical-legal examination within the required time except for good cause.
  - (A) Good cause includes, but is not limited to:
    - (1) The physical incapacity of the victim;
    - (2) The mental incompetence of the victim;
    - (3) The age of the victim; or
    - (4) The sexual assault was not reasonably discoverable.
2. The billing for the medical-legal examination is submitted to the Board within three (3) months of the medical-legal examination, unless the Board finds good cause for failure to timely submit.
  - (A) Good cause includes, but is not limited to:
    - (1) Restitution or other collateral source was terminated;
    - (2) Verifiable postal service delays;
    - (3) Other good cause as determined by the Board.

**Rule No. 3.3**

**COLLATERAL SOURCES**

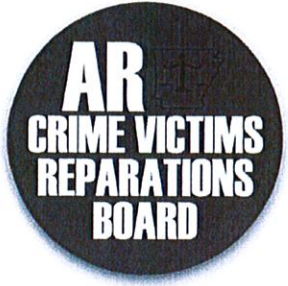
Medical-Legal Examination bills will be denied or diminished to the extent that the expenses can be recuperated from a collateral source.

**Rule No. 3.4**

**MAXIMUM PAYMENT AMOUNTS**

1. Acceptance of payment by the medical provider from the Board constitutes a full and final payment for the services. Any remaining balances shall not be submitted to the victim
2. The Board may reimburse the following expenses. The amount listed constitutes the maximum allowable reimbursement by the Board.

|                |          |
|----------------|----------|
| Facility Fee   | \$350    |
| SANE Nurse Fee | \$350    |
| Labs           | \$200    |
| Colposcope     | \$160.88 |



**There is HELP for  
Victims of Violent Crimes**

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**Sexual Assault Reimbursement Program**  
Relationship with medical facility

**Crime Victims Reparations Board**  
Relationship with victim/eligible claimant

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**Revenue**

Assessment of court costs and fees

Court ordered restitution

Victims of Crime Act – VOCA Grant

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## Sexual Assault Reimbursement Program

**Arkansas Code Annotated  
12-12-401 - 12-12-405**

*Collection of forensic evidence following a  
sexual assault*

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## Eligibility Criteria

- Treatment within 96 hours  
(may be waived for good cause, minors excluded)
- Must be reported to law enforcement
- No pre-existing or physical injury
- No federally financed benefit programs

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## Eligible Expenses

- Emergency room or facility fee
- Physician or SANE fee
- Lab fees
- Preventive medications for STDs  
and pregnancy
- Sedative or tranquilizer
- Ambulance fee

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## Maximum Limits

- Facility fee (including medications) \$350.00
- Physician or SANE fee \$350.00
- Ambulance fee \$350.00
- Lab fees (priority to outside facilities) \$200.00
- Colposcopy fee \$160.88

7

## Sexual Assault Reimbursement Program

**Arkansas Code Annotated  
12-12-403**

*Payment in full and bars any legal action  
Against victim of sexual assault*

8

## Not Eligible

- Treatment for pre-existing or physical injuries
- Counseling
- Follow-up visits

9

## Reimbursement Process

- Complete Sexual Assault Reimbursement Form
- Attach itemized statement

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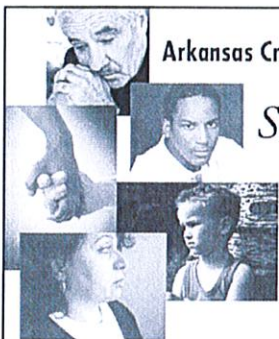
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**Arkansas Crime Victims Reparations Program**

*Serving Victims of  
Violent  
Crime*

*The Arkansas Crime Victims Reparations Board was enacted by the Arkansas Legislature in 1987 to provide financial compensation to victims of violent crime.*

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## Crime Victims Reparations Board

**Arkansas Code Annotated  
16-90-701 - 16-90-718**

*Compensation for victims of violent crime  
Effective date: July 1, 1988*

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### Who qualifies as a claimant?

- A victim
- A dependent of a homicide victim
- A person authorized to act on behalf of the victim

*Does not include a service provider*

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### Who qualifies as a victim?

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### Who qualifies as a victim?

- Personal injury or death as a result of a criminal act
- Personal injury or death as a result of an act of terrorism
- Resided in the permanent residence of a homicide victim

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### **Who qualifies as a victim?**

- Discovers body of a homicide victim
- Minor child of an eligible victim
- Immediate family member of a homicide victim, sexual assault victim, or minor child victim

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### **Immediate Family Member**

- Spouse
- Children
- Parents
- Siblings
- Grandparents

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### **Eligibility Criteria**

- In Arkansas on or after July 1, 1988
- File within one year of incident
- Report to proper authorities within 72 hrs
- Injury or death caused by a criminal act

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## Eligibility Criteria

- Cooperate with investigation/prosecution
- No collateral sources
- No contributory conduct/illegal activity
- Not incarcerated at the time of incident
- No criminally injurious conviction(s)

19

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## Eligibility Criteria Continued...

- **Motor vehicle incidents must involve:**
  - Alcohol or Drugs
  - Intentional Act
  - Hit and Run

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## Assistance Available

- Medical and rehabilitation
- Dental
- Work loss
- Funeral

21

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## Assistance Available

- Loss of support  
(Homicide cases only)
- Mental health
- Crime scene clean-up  
(Homicide cases only)

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## Assistance continued. . .

- Security
  - Installation of locks and windows
- Victims of sexual assault and domestic violence
- Incident occurred in primary residence

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23



## Assistance Continued. . .

- Lodging
  - Expenses related to victim's medical treatment and/or participation in criminal justice activities
- Travel
  - Expenses related to participation in criminal justice activities
- Mileage
  - Expenses related to the victim's medical treatment

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## Not Eligible

- Pain and suffering
- Property damage or loss
- Attorney fees  
*(Guardianship fees for minors may be considered)*

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## Maximum Limits

- Overall Maximum \$10,000
- Catastrophic Injury \$25,000
- Mental Health
  - In-Patient \$2500
  - Out-Patient \$2500
- Funeral \$7500
- Guardianship Fees \$250
- Medical  
*(65% of balance due is payment in full)*

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## Maximum Limits Continued...

- Crime Scene Clean-up \$3000
- Security \$500
- Travel \$300
- Lodging \$300

*(Reimbursement Basis Only)*

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## **Processing Procedure**

- Collect information to determine eligibility
- Compile summary of information obtained
- Forward summary to Board for a final decision

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## **Board Members**

- Governor appointed
  - 1 Mental Health Professional
  - 2 Victim Advocates
  - 2 Attorneys

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## **Payment Delay**

- Financial obligation
- Mental Health Agreement
- Copy of therapists' license

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30

## Supplemental Expenses

- Expenses submitted after the decision date

*ACVRB Rule No. 24: All supplemental expenses must be submitted within one year of the date of treatment or payment by collateral sources.*

31

## Appeal Process

- Denied or diminished claims may be appealed to the Board within 45 days.
- Final recourse: The victim or claimant may file an appeal in Circuit Court within 30 days.

32

## Application Process

- Complete application
- Attach incident report or verification that proper authorities were notified
- Itemized statements

33

**Contact us at...**

**501-682-1020**

**or**

**1-800-448-3014**

(outside Pulaski County)

<https://www.dps.arkansas.gov>

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# Arkansas **Crime Victims** Reparations

## 2021 **Annual** Report



**SUPPORT VICTIMS.  
BUILD TRUST.  
ENGAGE COMMUNITIES.**

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## MISSION

*The Arkansas Crime Victims Reparations Board pledges to serve the needs of eligible victims of crime, and their dependents, who have suffered personal injury or death as the result of a violent crime. The Board and its staff recognize the special needs of those victimized by violent crime and accept the responsibility to provide financial assistance to victims who qualify under program guidelines. In this way, the Arkansas Crime Victims Reparations Board and staff are committed to restoring the lives that have been impacted by violence.*



## GOALS

*The goal of the Arkansas Crime Victims Reparations program is to provide compensation for victims' unexpected expenses, such as medical treatment, mental-health counseling, rehabilitation, lost wages, replacement services, and funeral expenses.*

# ARKANSAS CRIME VICTIMS REPARATIONS BOARD

## CHAIRMAN'S COMMENTS

On behalf of the entire Arkansas Crime Victims Reparations Board (ACVRB) and its staff members, it is my distinct honor and privilege to present the ACVRB 2021 Annual Report. This report covers the activities of the ACVRB from January 1, 2021 through December 31, 2021. The Board and staff strive to provide timely and much needed financial assistance to the citizens of Arkansas who have suffered personal injury or loss as a result of a violent crime.

This report overviews the ACVRB mission and goals, identifies Board members and staff, provides a summary of claims received and awarded, and covers total compensation paid out to Crime Victims and Sexual Assault Victims. The report also provides a county-by-county breakdown of the number of awarded claims and compensation received by citizens of each Arkansas county, plus some examples of types of financial assistance paid out by the ACVRB.

The ACVRB relies heavily on AOJ and VOCA grant funds, which have simply been inadequate in meeting the needs of all the claims received by the ACVRB. In the past, the Arkansas Attorney General has very graciously provided some additional funding. For fiscal year 2021-22, we are very thankful to Governor Asa Hutchinson for additional support from his restricted reserve fund in the amount of \$2 million! The funds were pro-rated for Crime Victims and Sexual Assault Victims awards, and this support has helped us tremendously in meeting the demands of claims received.

The ACVRB continues to be housed administratively under the Arkansas Department of Public Safety, and we are very grateful for the continued leadership and support of Jami Cook, Secretary of the Department of Public Safety. We also want to recognize Lt. Colonel Tim K'Nuckles, Deputy Director, Administrative Operations, Arkansas State Police (ASP); Lester Hankins, Chief of Staff, DPS; and Cody Hiland, Attorney, DPS for all their wisdom and guidance to the ACVRB particularly as it relates to the budgeting process as we work to fulfill our Mission and Goals. Under the leadership of Staff Attorney Amanda Yarbrough, some important accomplishments of 2021 were the development of a new Sexual Assault Claim form as well as the promulgation of rules governing Sexual Assault claims; these rules were approved by the Legislative Sub-Committee and will become effective 1/1/22. Operations have continued at full capacity in spite of the COVID-19 pandemic and the staff has continued to work diligently!! ACVRB staff is now on the verge of a conversion to processing all claims electronically, so we look forward to new challenges and successes in 2022.

If you have any questions about the information contained in this report, or about the operations of the ACVRB, please contact the Arkansas Crime Victims Reparations Board at 501-682-1020 or 501-682-1323.

Respectfully submitted,



Janice K. Church, Ph.D., Chairman of the ACVRB

## ARKANSAS CRIME VICTIMS REPARATIONS BOARD



**Dr. Janice Church**

Chairman  
Little Rock

The Arkansas Crime Victims Reparations Board was created by the legislature in 1987 in order to help minimize the financial burden realized by victims of violent crime. Since its inception, the Board has disbursed millions of dollars to crime victims. Although this financial assistance did not erase the scars left by violent crime, it did help many people to rebuild their lives.

## ARKANSAS CRIME VICTIMS REPARATIONS BOARD



**Molly Shepherd**  
Member  
Attorney at Law



**Bryce Brewer**  
Member  
Attorney at Law



**Lt. Eugene Tyree**  
Member  
Victim Advocate



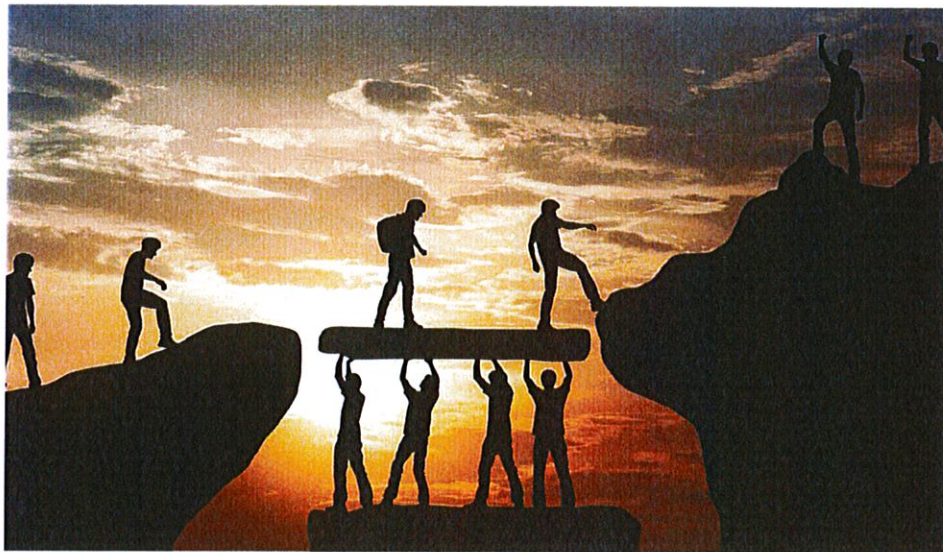
**Paula Steinsiek**  
Member  
Victim Advocate

# ARKANSAS CRIME VICTIMS REPARATIONS BOARD

## PAID AMOUNT

| 2021                  |                 |                |                    |
|-----------------------|-----------------|----------------|--------------------|
|                       | <i>Received</i> | <i>Awarded</i> | <i>Amount Paid</i> |
| <i>Crime Victims</i>  | 276             | 565            | \$1,006,808.66     |
| <i>Sexual Assault</i> | 672             | 1,335          | \$562,230.42       |
| <i>Total Claims</i>   | 948             | *1,900         | \$1,569,039.08     |

\*THE NUMBER OF CLAIMS PROCESSED INCLUDES CLAIMS RECEIVED FROM THE PREVIOUS CALENDAR YEAR-DUE TO THE TURNAROUND PROCESS.



## ARKANSAS CRIME VICTIMS REPARATIONS STAFF



**Lynette Parham**  
Administrator



**Tonya Hooks**  
Investigator



**Varnell Messer**  
Claims Specialist



**Melinda Perkins**  
Investigator



**Michaela Thomas**  
Fiscal Specialist

## AWARDS BY COUNTY

|             | Claims | Total       |
|-------------|--------|-------------|
| Arkansas    | 12     | \$19,289.85 |
| Ashley      | 2      | \$6,265.71  |
| Baxter      | 10     | \$21,890.28 |
| Benton      | 80     | \$82,737.19 |
| Boone       | 9      | \$17,308.43 |
| Bradley     | 10     | \$915.83    |
| Calhoun     | 2      | \$2,905.60  |
| Carroll     | 8      | \$5,735.44  |
| Chicot      | 4      | \$7,768.11  |
| Clark       | 7      | \$12,820.34 |
| Clay        | 2      | \$1,921.25  |
| Cleburne    | 10     | \$8,963.03  |
| Cleveland   | 2      | \$1,480.57  |
| Columbia    | 4      | \$19,966.17 |
| Conway      | 4      | \$2,730.93  |
| Craighead   | 34     | \$46,585.30 |
| Crawford    | 24     | \$19,719.18 |
| Crittenden  | 10     | \$30,217.25 |
| Cross       | 2      | \$1,758.80  |
| Dallas      | 1      | \$2,500.00  |
| Desha       | 7      | \$4,502.23  |
| Drew        | 3      | \$2,220.23  |
| Faulkner    | 33     | \$34,107.95 |
| Franklin    | 9      | \$6,733.51  |
| Fulton      | 0      | \$0         |
| Garland     | 36     | \$66,809.96 |
| Grant       | 2      | \$1,848.33  |
| Greene      | 9      | \$5,774.90  |
| Hempstead   | 8      | \$19,078.29 |
| Hot Springs | 2      | \$2,835.19  |

|              | Claims | Total        |
|--------------|--------|--------------|
| Howard       | 7      | \$6,806.13   |
| Independence | 8      | \$7,806.01   |
| Izard        | 1      | \$1,004.17   |
| Jackson      | 14     | \$27,759.11  |
| Jefferson    | 55     | \$143,888.14 |
| Johnson      | 2      | \$1,259.25   |
| Lafayette    | 1      | \$7,255.00   |
| Lawrence     | 2      | \$2,393.07   |
| Lee          | 6      | \$23,846.42  |
| Lincoln      | 4      | \$2,181.16   |
| Little River | 7      | \$6,617.85   |
| Logan        | 3      | \$2,084.58   |
| Lonoke       | 16     | \$8,547.92   |
| Madison      | 6      | \$21,404.73  |
| Marion       | 6      | \$4,200.00   |
| Miller       | 21     | \$16,834.38  |
| Mississippi  | 19     | \$40,860.58  |
| Monroe       | 2      | \$1,021.76   |
| Montgomery   | 1      | \$7,500.00   |
| Nevada       | 3      | \$8,215.88   |
| Newton       | 4      | \$2,621.76   |
| Other State  | 0      | \$0          |
| Ouachita     | 3      | \$4,538.88   |
| Perry        | 2      | \$1,786.78   |
| Phillips     | 11     | \$48,528.07  |
| Pike         | 2      | \$1,785.57   |
| Poinsett     | 7      | \$6,363.94   |
| Polk         | 4      | \$2,702.82   |
| Pope         | 3      | \$1,827.32   |
| Prairie      | 3      | \$1,920.28   |
| Pulaski      | 119    | \$343,344.31 |
| Randolph     | 0      | \$0          |
| Saline       | 15     | \$25,017.81  |

|              | Claims     | Total                 |
|--------------|------------|-----------------------|
| Scott        | 7          | \$5,568.36            |
| Searcy       | 1          | \$860.88              |
| Sebastian    | 81         | \$75,163.68           |
| Sevier       | 2          | \$997.09              |
| Sharp        | 5          | \$6,119.92            |
| St. Francis  | 12         | \$43,659.19           |
| Stone        | 7          | \$5,419.36            |
| Union        | 13         | \$31,109.61           |
| Van Buren    | 5          | \$4,557.89            |
| Washington   | 80         | \$83,159.89           |
| White        | 34         | \$56,157.31           |
| Woodruff     | 1          | \$1,060.88            |
| Yell         | 3          | \$15,921.49           |
| <b>TOTAL</b> | <b>948</b> | <b>\$1,569,039.08</b> |

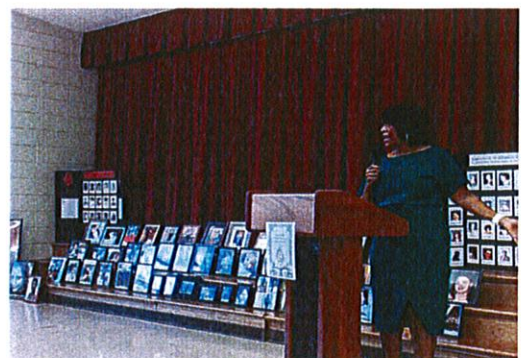
## VICTIM PAYOUTS

- Two Pulaski County women, a 61-year-old mother and a 31-year-old daughter were both shot multiple times and died as a result. The Crime Victims' Program was able to assist with funeral expenses, reimbursement for temporary guardianship fees, and school tuition for the young woman's two children.
- A 24-year-old Jackson County woman was abducted while jogging and murdered by her neighbor. The Crime Victims' Program was able to assist with funeral expenses.
- A 13-year-old Pulaski County girl was standing in the doorway of her home and was fatally shot. The Crime Victims' Program was able to assist with funeral expenses.
- A 27-year-old Garland County man suffered injuries when he was struck in the head with a metal pipe. The Crime Victims' Program was able to assist with medical expenses.
- A 41-year-old Washington County woman was a victim of domestic assault by her husband. The Crime Victims' Program was able to assist with medical expenses.
- A 41-year-old Faulkner County woman was a victim of domestic assault by her husband and sustained fractured ribs and a collapsed lung. The Crime Victims' Program was able to assist with medical expenses and work loss.
- A 67-year-old Washington County woman was a passenger in a vehicle and sustained multiple traumatic injuries including broken bones when her vehicle was hit by another vehicle being operated by a driver who was under the influence. The Crime Victims' Program was able to assist with medical expenses.
- A 25-year-old Lee County man was shot by one of his acquaintances and died as a result. The Crime Victims' Program was able to assist the family with funeral expenses.
- A 40-year-old Hempstead County man was operating his vehicle when it was struck by another vehicle being operated by a drunk driver, who then fled the scene. The Crime Victims' Program was able to assist with medical expenses.

## A GLIMPSE THROUGHOUT THE YEAR



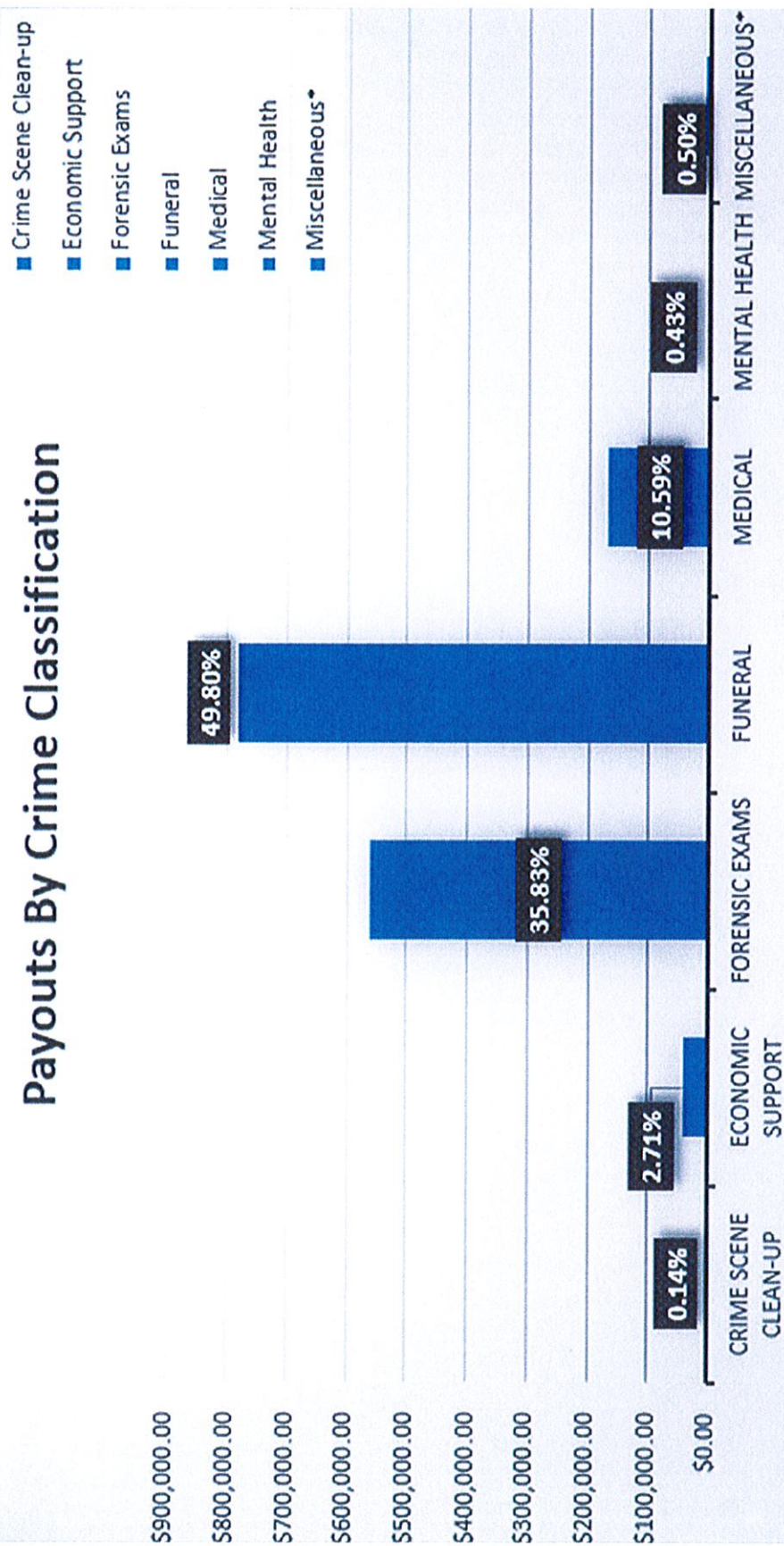
Melinda Perkins presenting a presentation to the AR Law Enforcement Training Academy (ALET) at the Black River Technical College in Pocahontas, AR.



Administrator Lynette Parham speaking at the 30<sup>th</sup> Anniversary and National Day of Remembrance of Parents of Murdered Children.

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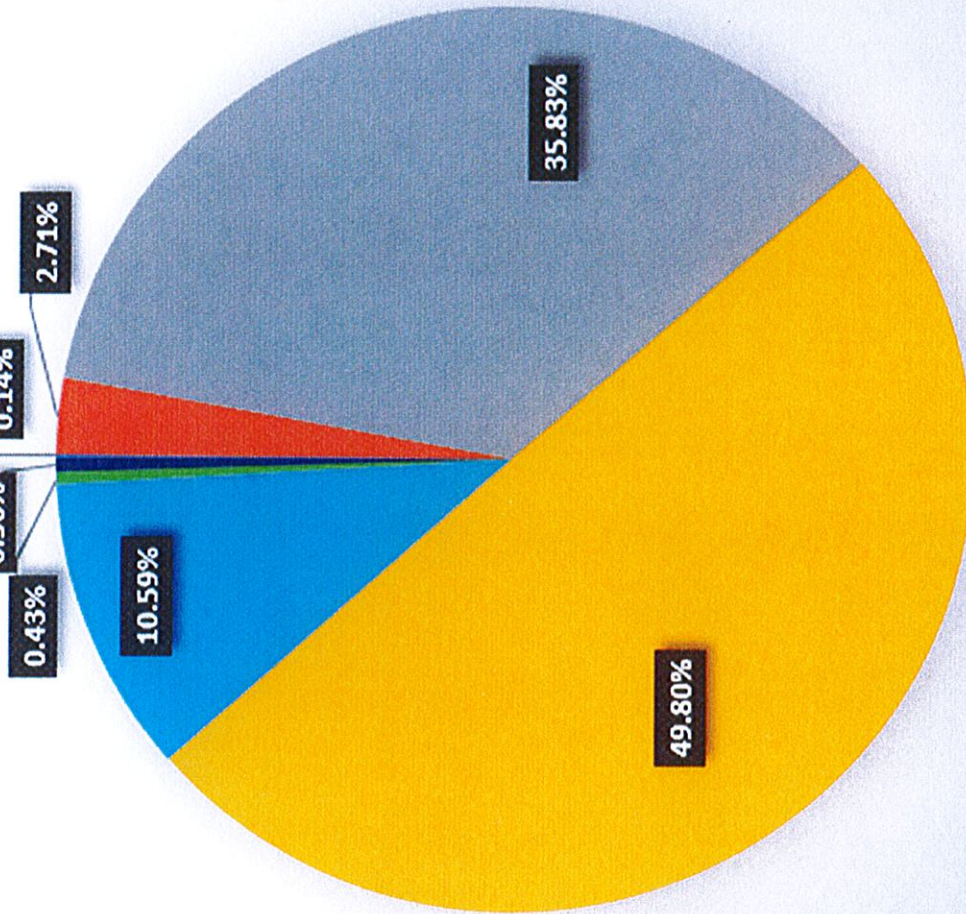
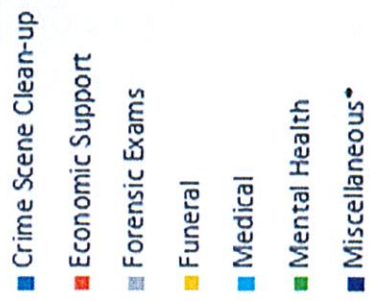
## Payouts By Crime Classification



♦Includes: Travel/Lodging, Security, & Guardianship of Minors

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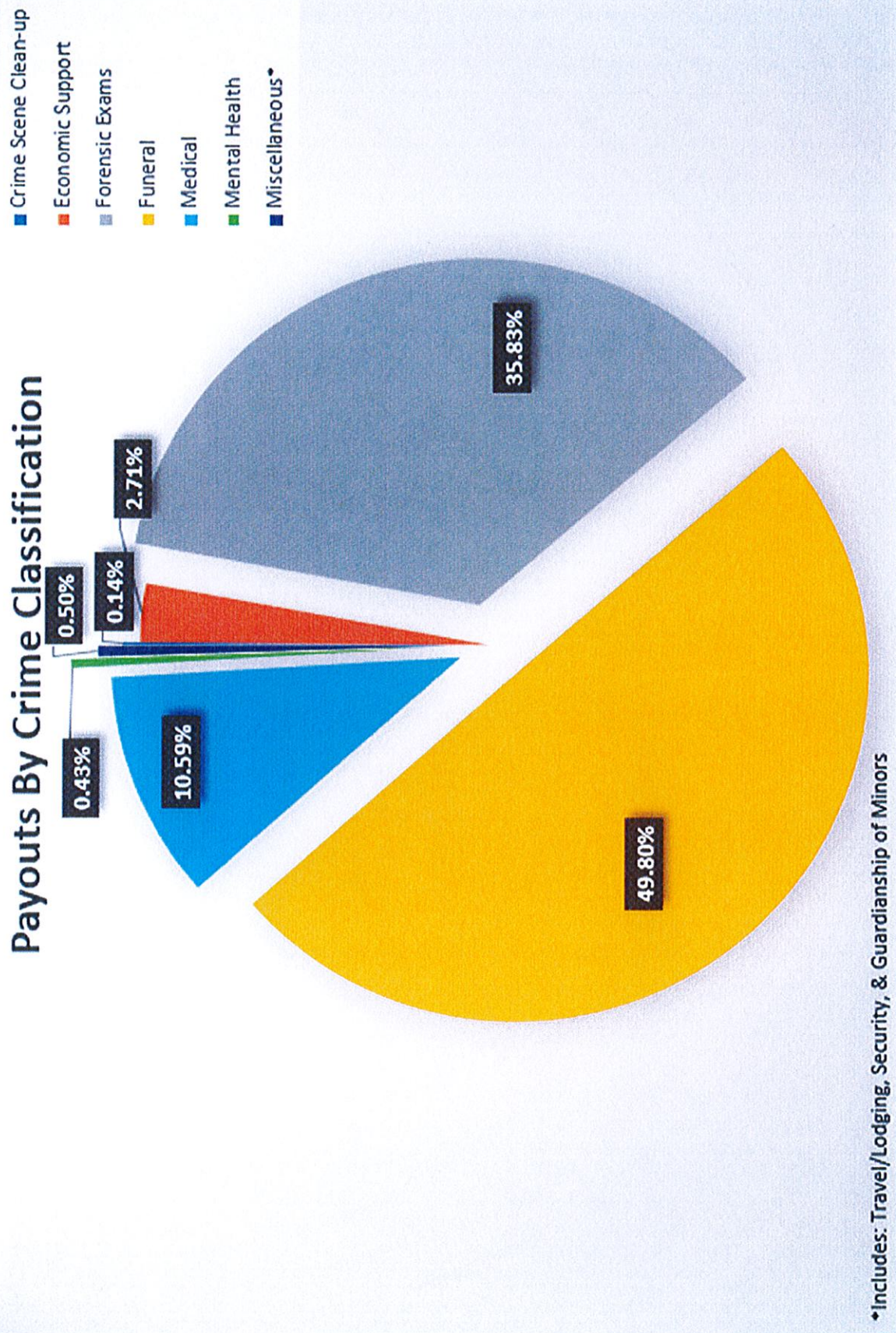
## Payouts By Crime Classification



\*Includes: Travel/Lodging, Security, & Guardianship of Minors

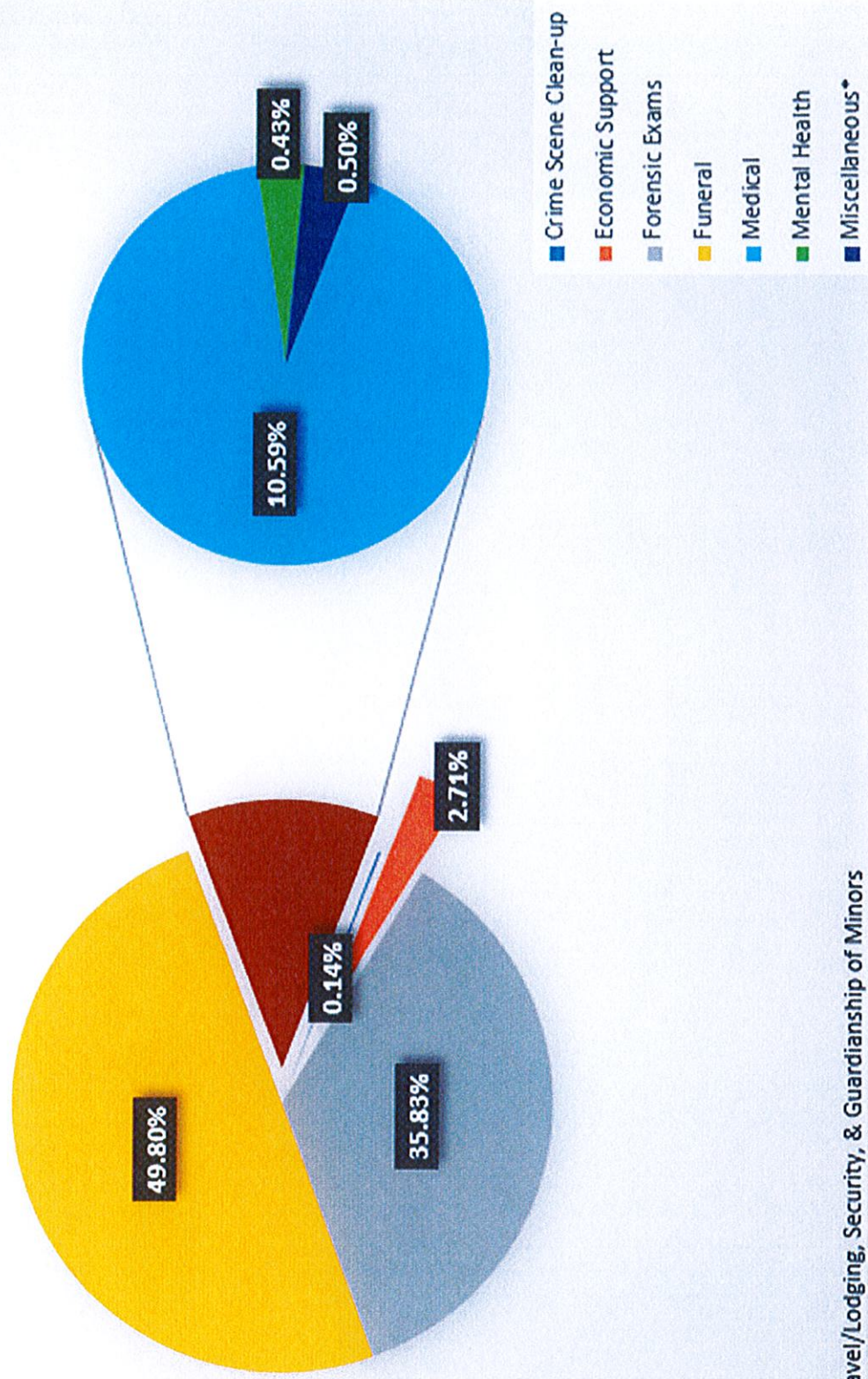
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## Payouts By Crime Classification



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## Payouts By Crime Classification



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ARKANSAS CRIME VICTIMS REPARTIONS BOARD Stats – January 1 – April 20, 2022

| Investigator      | NEW CLAIMS |            |           |           | SUPPLEMENTAL CLAIMS |           |           |          |
|-------------------|------------|------------|-----------|-----------|---------------------|-----------|-----------|----------|
|                   | Rec        | Award      | Deny      | Close     | Rec                 | Award     | Deny      | Close    |
| A. Lynette Parham | 59         | 95         | 44        | 21        | 0                   | 0         | 0         | 0        |
| Melinda Perkins   | 94         | 34         | 22        | 15        | 0                   | 0         | 0         | 0        |
| Tonya Hooks       | 298        | 392        | 4         | 1         | 0                   | 3         | 0         | 0        |
| Varnell R. Messer | 0          | 0          | 0         | 0         | 10                  | 28        | 15        | 4        |
| <b>Total</b>      | <b>451</b> | <b>521</b> | <b>70</b> | <b>37</b> | <b>10</b>           | <b>31</b> | <b>15</b> | <b>4</b> |

| Investigator      | NEW CLAIMS |            | SUPPLEMENTAL CLAIMS |           |
|-------------------|------------|------------|---------------------|-----------|
|                   | Rec        | Processed  | Rec                 | Processed |
| A. Lynette Parham | 59         | 160        | 0                   | 0         |
| Melinda Perkins   | 94         | 71         | 0                   | 0         |
| Tonya Hooks       | 298        | 400        | 0                   | 0         |
| Varnell R. Messer | 10         | 47         | 10                  | 28        |
| <b>Total</b>      | <b>461</b> | <b>678</b> | <b>10</b>           | <b>28</b> |

| Investigator      |              |
|-------------------|--------------|
| A. Lynette Parham | \$251,899.92 |
| Melinda Perkins   | \$176,118.87 |
| Tonya Hooks       | \$309,400.69 |
| Varnell R. Messer | \$48,928.14  |
| Total             | \$786,347.62 |

| Claim Class      |              |
|------------------|--------------|
| Economic Support | \$26,521.42  |
| Forensic Exams   | \$340,418.35 |
| Funeral          | \$349,661.06 |
| Medical          | \$66,706.79  |
| Mental Health    | \$2,190.00   |
| Miscellaneous    | \$850.00     |
| Total            | \$786,347.62 |

| Crime Class      |              |
|------------------|--------------|
| Adult Rape       | \$240.00     |
| Assault          | \$83,068.70  |
| Child Abuse      | \$972.79     |
| DWI              | \$13,316.47  |
| Forensic Exams   | \$339,941.06 |
| Hit and Run      | \$6,344.41   |
| Homicide         | \$342,464.19 |
| Homicide         | \$0.00       |
| Vehicular Crimes | \$0.00       |
| Total            | \$786,347.62 |

| Investigator      | SUPPLEMENTAL AWARDS |         |              |        |         |                     |        |         |        |              |
|-------------------|---------------------|---------|--------------|--------|---------|---------------------|--------|---------|--------|--------------|
|                   | NEW AWARDS          |         |              |        |         | SUPPLEMENTAL AWARDS |        |         |        |              |
|                   | Claims              | Payouts | Amount       | Claims | Payouts | Amount              | Claims | Payouts | Amount | Total        |
| A. Lynette Parham | 95                  | 201     | \$251,899.92 | 0      | 0       |                     |        |         |        | \$251,899.92 |
| Melinda Perkins   | 34                  | 74      | \$176,118.87 | 0      | 0       |                     |        |         |        | \$176,118.87 |
| Tonya Hooks       | 392                 | 784     | \$308,287.34 | 3      | 3       | \$1,113.35          |        |         |        | \$309,400.69 |
| Varnell R. Messer | 0                   | 0       |              | 21     | 27      | \$48,928.14         |        |         |        | \$48,928.14  |
| Total             | 521                 | 1059    | \$736,306.13 | 24     | 30      | \$50,041.49         |        |         |        | \$786,347.62 |

| Claim Class      |            |             |                     |           |           |                     |        |         |        |                     |
|------------------|------------|-------------|---------------------|-----------|-----------|---------------------|--------|---------|--------|---------------------|
|                  | NEW AWARDS |             |                     |           |           | SUPPLEMENTAL AWARDS |        |         |        |                     |
|                  | Claims     | Payouts     | Amount              | Claims    | Payouts   | Amount              | Claims | Payouts | Amount | Total               |
| Economic Support |            | 521         | \$0.00              |           | 0         |                     |        | 0       |        | \$0.00              |
| Forensic Exams   | 3          | 3           | \$4,919.52          |           | 3         | \$21,601.90         |        |         |        | \$26,521.42         |
| Funeral          | 432        | 432         | \$339,305.00        |           | 3         | \$1,113.35          |        |         |        | \$340,418.35        |
| Medical          | 56         | 72          | \$347,178.37        |           | 3         | \$2,482.69          |        |         |        | \$349,661.06        |
| Mental Health    | 14         | 28          | \$44,053.24         |           | 13        | \$22,653.55         |        |         |        | \$66,706.79         |
| Miscellaneous    | 0          | 0           |                     |           | 5         | \$2,190.00          |        |         |        | \$2,190.00          |
|                  | 2          | 2           | \$850.00            |           | 0         |                     |        |         |        | \$850.00            |
| <b>Total</b>     | <b>521</b> | <b>1059</b> | <b>\$736,306.13</b> | <b>24</b> | <b>30</b> | <b>\$50,041.49</b>  |        |         |        | <b>\$786,347.62</b> |

| Claim Class                       |                     |                     |                     |
|-----------------------------------|---------------------|---------------------|---------------------|
|                                   | NEW AWARDS          | SUPPLEMENTAL AWARDS | Total               |
|                                   | \$0.00              |                     | \$0.00              |
| <b>Total for</b>                  | <b>\$0.00</b>       |                     | <b>\$0.00</b>       |
| Economic Support                  |                     |                     |                     |
| WRKL                              | \$4,919.52          | \$21,601.90         | \$26,521.42         |
| <b>Total for Economic Support</b> | <b>\$4,919.52</b>   | <b>\$21,601.90</b>  | <b>\$26,521.42</b>  |
| Forensic Exams                    |                     |                     |                     |
| EMTP                              | \$339,305.00        | \$1,113.35          | \$340,418.35        |
| <b>Total for Forensic Exams</b>   | <b>\$339,305.00</b> | <b>\$1,113.35</b>   | <b>\$340,418.35</b> |
| Funeral                           |                     |                     |                     |
| FUNB                              | \$143,398.13        |                     | \$143,398.13        |
| OUTF                              | \$203,780.24        | \$2,482.69          | \$206,262.93        |
| <b>Total for Funeral</b>          | <b>\$347,178.37</b> | <b>\$2,482.69</b>   | <b>\$349,661.06</b> |
| Medical                           |                     |                     |                     |
| MEDA                              | \$42,315.24         | \$15,693.76         | \$58,009.00         |
| OUTM                              | \$1,738.00          | \$6,959.79          | \$8,697.79          |
| <b>Total for Medical</b>          | <b>\$44,053.24</b>  | <b>\$22,653.55</b>  | <b>\$66,706.79</b>  |
| Mental Health                     |                     |                     |                     |
| MENH                              |                     | \$1,560.00          | \$1,560.00          |
| OUMH                              |                     | \$630.00            | \$630.00            |
| <b>Total for Mental Health</b>    |                     | <b>\$2,190.00</b>   | <b>\$2,190.00</b>   |
| Miscellaneous                     |                     |                     |                     |
| LEGF                              | \$435.00            |                     | \$435.00            |
| OULF                              | \$415.00            |                     | \$415.00            |
| <b>Total for Miscellaneous</b>    | <b>\$850.00</b>     |                     | <b>\$850.00</b>     |
| <b>Total</b>                      | <b>\$736,306.13</b> | <b>\$50,041.49</b>  | <b>\$786,347.62</b> |

| Crime Class      |        | NEW AWARDS |              |        | SUPPLEMENTAL AWARDS |             |              | Total |
|------------------|--------|------------|--------------|--------|---------------------|-------------|--------------|-------|
|                  | Claims | Payouts    | Amount       | Claims | Payouts             | Amount      |              |       |
| Adult Rape       | 0      | 0          |              |        | 1                   | \$240.00    | \$240.00     |       |
|                  | 24     | 52         | \$47,658.75  |        | 13                  | \$35,409.95 | \$83,068.70  |       |
| Child Abuse      | 1      | 2          | \$477.29     |        | 2                   | \$495.50    | \$972.79     |       |
| DWI              | 2      | 6          | \$3,316.47   |        | 1                   | \$10,000.00 | \$13,316.47  |       |
| Forensic Exams   | 432    | 864        | \$338,827.71 |        | 3                   | \$1,113.35  | \$339,941.06 |       |
| Hit and Run      | 7      | 10         | \$6,344.41   |        | 0                   |             | \$6,344.41   |       |
| Homicide         | 53     | 123        | \$339,681.50 |        | 4                   | \$2,782.69  | \$342,464.19 |       |
| Homicide         | 1      | 1          | \$0.00       |        | 0                   |             | \$0.00       |       |
| Vehicular Crimes | 1      | 1          | \$0.00       |        | 0                   |             | \$0.00       |       |
| Total            | 521    | 1059       | \$736,306.13 | 24     | 30                  | \$50,041.49 | \$786,347.62 |       |

| County     | NEW AWARDS |         |             |        |         |        | SUPPLEMENTAL AWARDS |             |  | Total |
|------------|------------|---------|-------------|--------|---------|--------|---------------------|-------------|--|-------|
|            | Claims     | Payouts | Amount      | Claims | Payouts | Amount |                     |             |  |       |
|            |            |         |             |        |         |        |                     |             |  |       |
| Arkansas   | 4          | 7       | \$9,092.09  | 0      | 0       | 0      | \$9,092.09          |             |  |       |
| Ashley     | 1          | 2       | \$860.88    | 0      | 0       | 0      | \$860.88            |             |  |       |
| Baxter     | 20         | 42      | \$14,081.96 | 1      | 1       | 1      | \$240.00            | \$14,321.96 |  |       |
| Benton     | 39         | 79      | \$55,605.64 | 2      | 2       | 2      | \$431.74            | \$56,037.38 |  |       |
| Boone      | 14         | 28      | \$9,782.64  | 0      | 0       | 0      |                     | \$9,782.64  |  |       |
| Calhoun    | 1          | 2       | \$873.44    | 0      | 0       | 0      |                     | \$873.44    |  |       |
| Carroll    | 3          | 6       | \$2,160.88  | 0      | 0       | 0      |                     | \$2,160.88  |  |       |
| Chicot     | 4          | 8       | \$2,293.65  | 0      | 0       | 0      |                     | \$2,293.65  |  |       |
| Clark      | 2          | 4       | \$1,721.76  | 0      | 0       | 0      |                     | \$1,721.76  |  |       |
| Clay       | 3          | 6       | \$2,448.32  | 0      | 0       | 0      |                     | \$2,448.32  |  |       |
| Cleburne   | 5          | 10      | \$3,267.57  | 0      | 0       | 0      |                     | \$3,267.57  |  |       |
| Columbia   | 2          | 4       | \$8,360.88  | 0      | 0       | 0      |                     | \$8,360.88  |  |       |
| Conway     | 2          | 4       | \$1,560.88  | 0      | 0       | 0      |                     | \$1,560.88  |  |       |
| Craighead  | 15         | 26      | \$18,361.53 | 1      | 1       | 1      | \$786.50            | \$19,148.03 |  |       |
| Crawford   | 17         | 34      | \$27,435.80 | 0      | 0       | 0      |                     | \$27,435.80 |  |       |
| Crittenden | 8          | 14      | \$14,711.50 | 1      | 1       | 2      | \$10,000.00         | \$24,711.50 |  |       |
| Cross      | 3          | 5       | \$1,510.88  | 0      | 0       | 0      |                     | \$1,510.88  |  |       |
| Dallas     | 1          | 2       | \$955.33    | 0      | 0       | 0      |                     | \$955.33    |  |       |
| Desha      | 1          | 2       | \$581.71    | 0      | 0       | 0      |                     | \$581.71    |  |       |
| Drew       | 2          | 4       | \$1,059.40  | 0      | 0       | 0      |                     | \$1,059.40  |  |       |
| Faulkner   | 12         | 24      | \$7,525.52  | 2      | 4       | 4      | \$11,419.60         | \$18,945.12 |  |       |
| Franklin   | 3          | 6       | \$2,664.38  | 1      | 1       | 1      | \$2,280.00          | \$4,944.38  |  |       |
| Fulton     | 1          | 1       | \$0.00      | 0      | 0       | 0      |                     | \$0.00      |  |       |
| Garland    | 11         | 27      | \$20,667.71 | 0      | 0       | 0      |                     | \$20,667.71 |  |       |
| Greene     | 11         | 22      | \$9,716.33  | 1      | 1       | 1      | \$450.00            | \$10,166.33 |  |       |
| Hempstead  | 3          | 5       | \$1,300.00  | 0      | 0       | 0      |                     | \$1,300.00  |  |       |
| Hot Spring | 8          | 16      | \$6,993.79  | 0      | 0       | 0      |                     | \$6,993.79  |  |       |

|              |    |     |              |   |   |              |
|--------------|----|-----|--------------|---|---|--------------|
| Independence | 16 | 32  | \$12,659.84  | 0 | 0 | \$12,659.84  |
| Izard        | 4  | 8   | \$3,390.54   | 0 | 0 | \$3,390.54   |
| Jackson      | 1  | 2   | \$7,500.00   | 0 | 0 | \$7,500.00   |
| Jefferson    | 28 | 59  | \$50,136.99  | 2 | 2 | \$50,727.58  |
| Johnson      | 6  | 12  | \$4,893.36   | 0 | 0 | \$4,893.36   |
| Lawrence     | 1  | 2   | \$852.31     | 0 | 0 | \$852.31     |
| Lee          | 1  | 2   | \$7,179.00   | 0 | 0 | \$7,179.00   |
| Little River | 1  | 2   | \$650.00     | 0 | 0 | \$650.00     |
| Logan        | 3  | 6   | \$2,582.64   | 0 | 0 | \$2,582.64   |
| Lonoke       | 13 | 27  | \$13,053.38  | 0 | 0 | \$13,053.38  |
| Madison      | 6  | 12  | \$18,269.64  | 0 | 0 | \$18,269.64  |
| Marion       | 5  | 10  | \$3,250.00   | 0 | 0 | \$3,250.00   |
| Miller       | 5  | 10  | \$3,160.60   | 0 | 0 | \$3,160.60   |
| Mississippi  | 3  | 7   | \$9,010.76   | 1 | 1 | \$9,056.26   |
| Monroe       | 1  | 3   | \$7,099.48   | 0 | 0 | \$7,099.48   |
| Montgomery   | 2  | 4   | \$1,734.32   | 1 | 1 | \$2,544.32   |
| Newton       | 3  | 6   | \$1,950.00   | 0 | 0 | \$1,950.00   |
| Ouachita     | 1  | 3   | \$4,286.17   | 0 | 0 | \$4,286.17   |
| Perry        | 2  | 4   | \$1,750.03   | 0 | 0 | \$1,750.03   |
| Phillips     | 1  | 2   | \$7,500.00   | 0 | 0 | \$7,500.00   |
| Pike         | 2  | 4   | \$8,360.88   | 0 | 0 | \$8,360.88   |
| Poinsett     | 10 | 21  | \$10,105.08  | 1 | 2 | \$20,105.08  |
| Polk         | 8  | 16  | \$7,362.98   | 0 | 0 | \$7,362.98   |
| Pope         | 5  | 10  | \$4,772.58   | 0 | 0 | \$4,772.58   |
| Prairie      | 1  | 2   | \$748.80     | 0 | 0 | \$748.80     |
| Pulaski      | 66 | 134 | \$146,126.06 | 7 | 9 | \$154,115.85 |
| Randolph     | 6  | 12  | \$4,688.10   | 0 | 0 | \$4,688.10   |
| Saline       | 6  | 14  | \$16,178.08  | 0 | 0 | \$16,178.08  |
| Scott        | 3  | 6   | \$9,303.50   | 0 | 0 | \$9,303.50   |
| Sebastian    | 42 | 85  | \$38,187.08  | 1 | 1 | \$38,494.70  |

|             |     |      |              |    |    |              |
|-------------|-----|------|--------------|----|----|--------------|
| Sevier      | 2   | 4    | \$1,894.81   | 0  | 0  | \$1,894.81   |
| Sharp       | 3   | 7    | \$16,312.60  | 0  | 0  | \$16,312.60  |
| St. Francis | 1   | 2    | \$300.00     | 0  | 0  | \$300.00     |
| Stone       | 3   | 6    | \$6,858.98   | 0  | 0  | \$6,858.98   |
| Union       | 8   | 17   | \$10,611.93  | 0  | 0  | \$10,611.93  |
| Washington  | 35  | 74   | \$50,290.93  | 1  | 1  | \$249.35     |
| White       | 18  | 36   | \$14,955.81  | 1  | 1  | \$4,440.80   |
| Woodruff    | 2   | 4    | \$1,883.52   | 0  | 0  | \$1,883.52   |
| Yell        | 1   | 2    | \$860.88     | 0  | 0  | \$860.88     |
| Total       | 521 | 1059 | \$736,306.13 | 24 | 30 | \$50,041.49  |
|             |     |      |              |    |    | \$786,347.62 |

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**Arkansas Department of Public Safety**  
**Arkansas Crime Victims Reparations Board**  
 1 State Police Plaza Drive  
 Little Rock, Arkansas 72209  
 (501) 682-1020 Fax: (501) 682-5313

## Application for Crime Victim Compensation

Claim No.

Application Distributed By

This application must be completed in its entirety. Incomplete applications may be returned without processing. If you need assistance completing the application, please call the Crime Victims Reparations Office. You **do not** need to be represented by an attorney to apply for or receive benefits from the Crime Victims Reparations Board. All correspondence will be sent to the below-listed address unless you specify that an alternate address and phone number should be used. Please notify our office if your address or phone number is changed.

### ■ Section A – Victim/Applicant Information

A separate application must be completed for each victim.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------|-------------------------|
| Victim's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         | Sex<br>M / F   | Date of Birth (M/D/Y)   |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | City/State/ZIP | Age at Time of Incident |
| Home Telephone<br>(   )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Work Telephone<br>(   ) | Marital Status | Social Security Number  |
| Has the Victim ever been convicted of a felony? If yes, in what state and county?<br><input type="checkbox"/> No <input type="checkbox"/> Yes      State: _____ County: _____<br>Briefly explain conviction (month/year/offense): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                |                         |
| <b>The above person is listed as victim because:</b><br>They suffered a personal injury or death as the result of a violent crime. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>They are the dependent or child (including by adoption) of a victim. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>They are the spouse, parent, child, sibling, or grandparent of a deceased victim, child victim, or victim of sexual assault. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>They resided, at the time of the crime, in the same permanent household as a deceased victim. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>They discovered the body of a homicide victim. <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                |                         |
| This information about the victim will be used for statistical purposes only and is needed to comply with federal regulations.<br>Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Bi-racial                                                                                                                                                                                                                                                                                                                                                         |                         |                |                         |
| Referred to Reparations Board by: <input type="checkbox"/> Victim-Assistance Worker <input type="checkbox"/> Prosecutor <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Law-Enforcement Agency <input type="checkbox"/> Brochure <input type="checkbox"/> Media <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                |                         |

*Complete this section only if you are submitting this application but are different than the person listed above.*

|                                                                                                                                                                                  |                         |                |                        |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------|------------------------|-------------------------|
| Applicant's Name                                                                                                                                                                 |                         | Sex<br>M / F   | Date of Birth (M/D/Y)  | Relationship to Victim  |
| Mailing Address                                                                                                                                                                  |                         | City/State/ZIP |                        | Age at Time of Incident |
| Home Telephone<br>(   )                                                                                                                                                          | Work Telephone<br>(   ) | Marital Status | Social Security Number |                         |
| Has the Applicant ever been convicted of a felony? If yes, in what state and county?<br><input type="checkbox"/> No <input type="checkbox"/> Yes      State: _____ County: _____ |                         |                |                        |                         |

Briefly explain conviction (month/year/offense):

Contact person other than victim or applicant:

Name

Address

Telephone

( )

## ■ Section B – Crime Information

NOTE: You must attach a copy of the law-enforcement agency's incident report to this application.

Type of crime:

☐ Domestic Abuse (Spouse)

☐ Assault (Non-Family)

☐ Adult Sexual Assault

☐ Child Sexual Abuse by Family Member

☐ Child Sexual Abuse by Non-Family Member

☐ Child Physical Abuse

☐ Homicide

☐ DWI / Hit and Run

☐ Other \_\_\_\_\_

Did the victim submit to a sexual assault examination? ☐ Yes ☐ No

Name and address of medical provider: \_\_\_\_\_

Date crime occurred: \_\_\_\_\_ Date crime reported: \_\_\_\_\_ Time crime reported: \_\_\_\_\_

Address where crime occurred: \_\_\_\_\_ County: \_\_\_\_\_

Briefly describe crime: \_\_\_\_\_

Was the crime reported to the proper authorities within 72 hours? ☐ Yes ☐ No

If no, explain why: \_\_\_\_\_

Agency to which reported: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name of agency representative, caseworker, or person handling case: \_\_\_\_\_

Who reported the incident to the proper authorities? \_\_\_\_\_

Name of assailant or perpetrator and accomplices (if known). \_\_\_\_\_

Did the victim know offender? ☐ Yes ☐ No If yes, in what way? \_\_\_\_\_

Was the victim living with the offender at the time of the incident? ☐ Yes ☐ No

Has the offender been charged in court? ☐ Yes ☐ No ☐ Not sure

If yes, court case #: \_\_\_\_\_ Which court? \_\_\_\_\_

Have you filed, or do you intend to file, a civil law suit? ☐ Yes ☐ No

If yes, attorney's name/address: \_\_\_\_\_

## ■ Section C – Request for Medical Treatment/Mental-Health Counseling

☐ Check here if this section does not apply to this victim/applicant at this time.

**NOTE:** In addition to completing this section, you must attach copies of all itemized medical bills, mental health counseling bills, or other statements verifying expenses.

I am seeking compensation for:

- ☐ Medical Care   ☐ Dental Care   ☐ Mental-Health Counseling
- ☐ Replacement Service Loss (child care, convalescent care, etc.)
- ☐ Eyeglasses, hearing aids, or other medically necessary devices for the health of the victim

List any physical disabilities the victim had before the victimization: \_\_\_\_\_

Describe injuries that resulted from the victimization. Use additional sheets if necessary: \_\_\_\_\_

List all medical expenses incurred as a result of crime related injuries, including hospital and doctor charges, counseling expenses, ambulance fees, and prescription medication costs. Attach itemized statements or bills that you have received to date.

**NOTE:** Statements or bills must be attached in order for claim to be processed.

| Provider's Name | Street Address | City/State/ZIP | Phone Number | Amount of Bill |
|-----------------|----------------|----------------|--------------|----------------|
|                 |                |                |              | \$             |
|                 |                |                |              | \$             |
|                 |                |                |              | \$             |
|                 |                |                |              | \$             |

Attach additional sheets if necessary. Will there be additional medical bills? ☐ Yes   ☐ No   ☐ Unknown

Were any of the bills paid or will they be paid by any of the following sources?

| Source                     | Yes | No | Amount Paid | Identification Number |
|----------------------------|-----|----|-------------|-----------------------|
| Yourself                   |     |    | \$          |                       |
| Medicare/Medicaid          |     |    | \$          |                       |
| Workers' Compensation      |     |    | \$          |                       |
| Veterans Administration    |     |    | \$          |                       |
| Auto Insurance             |     |    | \$          |                       |
| Restitution/Civil Recovery |     |    | \$          |                       |

Name of Health Insurer: \_\_\_\_\_ Policy Number \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name of Auto Insurer: \_\_\_\_\_ Policy Number \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

## ■ Section D—Request for Lost Wages

☐ Check here if this section does not apply to this victim/applicant at this time.

**NOTE:** To be eligible for work loss, the victim must have been employed at the time of the incident. Attach a copy of your most recent pay stub from your employer. If you are self-employed, you must furnish copies of your tax returns from the last three (3) years so lost wages can be most accurately determined. You must also provide the complete name and address of the physician who can verify your disability period, or you may attach a copy of a recent disability statement.

Do you wish to file for work loss? ☐ Yes ☐ No

Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Dates absent from work due to crime related injuries: From: \_\_\_\_\_ To: \_\_\_\_\_

How many total days were missed: \_\_\_\_\_ How many total hours were missed? \_\_\_\_\_ Hourly wage? \_\_\_\_\_

Do/did you receive compensation while off work? ☐ Yes ☐ No If Yes, complete the following:

|                           | Amount per week | From (date) | To (date) |
|---------------------------|-----------------|-------------|-----------|
| Workers' Compensation     | \$              |             |           |
| Unemployed Compensation   | \$              |             |           |
| Work Loss Insurance       | \$              |             |           |
| Vacation                  | \$              |             |           |
| Sick Leave                | \$              |             |           |
| Union/Fraternal Insurance | \$              |             |           |
| Other                     | \$              |             |           |

## ■ Section E—Request for Funeral/Burial Expenses

☐ Check here if this section does not apply to this victim/applicant at this time.

**NOTE:** You must submit a copy of the funeral bill and the death certificate with this application.

Are you seeking funeral benefits for a deceased victim? ☐ Yes ☐ No

Name of funeral home: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Total amount of funeral bill: \$ \_\_\_\_\_ Have the funeral expenses been paid? ☐ Yes ☐ No

Were funeral expenses paid by any of the following? If yes, please list the amounts paid from each of the following sources:

| Social Security                | Burial Insurance                                                 | Life Insurance | Veterans Insurance | Other (list source) | Donations |
|--------------------------------|------------------------------------------------------------------|----------------|--------------------|---------------------|-----------|
| \$                             | \$                                                               | \$             | \$                 | \$                  | \$        |
| Family Members/<br>Individuals | Name/Relationship/Mailing Address of Family Member or Individual |                |                    |                     |           |
| \$                             |                                                                  |                |                    |                     |           |
|                                |                                                                  |                |                    |                     |           |

Burial/Life Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Who received the benefits? \_\_\_\_\_ Relationship to victim: \_\_\_\_\_

## ■ Section F—Request for Loss of Support

☐ Check here if this section does not apply to this victim/applicant at this time.

NOTE: You must attach copies of the deceased victim's last three (3) years' tax returns. You must also provide verification regarding the denial or receipt of any benefits from the Social Security Administration. You must be the legal guardian of a minor dependent to request loss of support on their behalf and must provide verification of guardianship.

Are you requesting loss of support that resulted from the death of the victim? ☐ Yes ☐ No

The Reparations Board may provide "loss of support" to dependents of deceased victims who were employed at the time of the incident. The person seeking this loss of support must be the guardian of any dependents for which you are requesting benefits. Complete the following in order to be considered for loss of support.

| Dependent's Name | Date of Birth | Social Security Number | Relationship to Victim |
|------------------|---------------|------------------------|------------------------|
|                  |               |                        |                        |
|                  |               |                        |                        |
|                  |               |                        |                        |
|                  |               |                        |                        |
|                  |               |                        |                        |

Do/did you receive income from any of the sources listed below? ☐ Yes ☐ No

|                     | Amount per month |                            | Amount per month |
|---------------------|------------------|----------------------------|------------------|
| Social Security     | \$               | Aid to Dependent Children  | \$               |
| Welfare             | \$               | Social Security Disability | \$               |
| Other (list source) | \$               | Other (list source)        | \$               |

## ■ Section G—Request for Assistance with Crime Scene Clean Up

☐ Check here if this section does not apply to this victim/applicant at this time.

NOTE: Only survivors/dependents of homicide victims may apply for assistance with crime scene clean up. Receipts or supporting documentation must be attached to this application.

"Crime scene clean up" means to remove, or attempt to remove, from the crime scene blood, dirt, stains, or other debris caused by the crime or the processing of the crime scene. Reasonable expenses include, but are not limited to, cleaning supplies, equipment rental, labor, and hazardous waste removal. The location of a crime scene may include a structure or automobile; however, a distinction exists between cleaning and property replacement. Property replacement is prohibited.

Are you seeking reimbursement for expenses incurred during crime scene clean up? ☐ Yes ☐ No

Was an agency hired to perform the crime scene clean up? ☐ Yes ☐ No

Do you have receipts or other documentation verifying expenses incurred during crime scene clean up? ☐ Yes ☐ No

## ■ Section H—Miscellaneous Expenses

There may be other expenses eligible for reimbursement from the Arkansas Crime Victims Reparations Board. You may wish to speak with a representative of the Board to determine whether your unique expense is eligible for reimbursement. Other expenses that may be eligible for reimbursement include, but are not limited to:

- Purchase and installation of locks and windows following a sexual assault or act of domestic abuse occurring within the victim's primary residence.
- Travel and lodging resulting from a criminal justice proceeding related to the victimization.
- The application for guardianship of minors following the death of a victim.

## AUTHORIZATION TO RELEASE INFORMATION

For Office Use Only: ACVRB Claim Number: \_\_\_\_\_ Victim: \_\_\_\_\_

### I voluntarily authorize disclosure (including by paper, oral communication, and electronic interchange):

**I. OF WHAT:** Information about my health maintained in a patient file, medical records or elsewhere, including any charts, notes, x-rays, operative reports, lab and medication records, copies of all prescriptions, and all other medical information about me including medication history, diagnosis, testing and test results, prognosis, and treatment of any physical condition, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, communicable disease or disorders; sexually transmitted diseases; genetic information and test results, domestic abuse information; drug, alcohol, or other substance abuse information, including information about treatment or therapy; mental, psychiatric or psychological condition including diagnoses, treatment plans and medications prescribed (*including notes by a mental health professional analyzing or documenting conversations during private therapy sessions*).

**II. FROM WHOM:** Any licensed physician, medical practitioner, clinic or other medical or medically related facility, or other organization, institution or person who has treated me or consulted with other providers regarding my health during the last \_\_\_\_\_ years. The providers below may have records relating to my victimization but should not be considered an exhaustive list from which records may be obtained:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**III. TO WHOM:** The Arkansas Crime Victims Reparation Board and the agents or employees of the Victims Program hereafter "Crime Victims Program."

**IV. FOR WHAT PURPOSE:** \_\_\_\_\_

**V. EXPIRES WHEN:** \_\_\_\_\_ (One year or until an award of denial of reparation is made by the board, including any and all appeals, whichever is longer.)

### VI. I further agree to or acknowledge the following:

- I authorize the use of a copy (including an electronic copy) of this form for the disclosures requested above.
- I understand that I have the right to revoke this authorization at any time by sending a written statement to **Crime Victims Reparations Board at #1 State Police Plaza Drive, Little Rock, AR 72209** or by providing written notice to the source of the information disclosed, such as my doctor. However, the revocation will not be effective if the source of the information already has disclosed the information to the Crime Victims Program. A revocation of this authorization will also serve to revoke the applicant's request for reparations.
- Any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct the persons and organizations identified above to release and disclose all my information without restriction.
- A health care provider or health plan subject to the HIPAA federal privacy laws cannot refuse to provide me services based on my failure to sign this authorization.
- Information disclosed by a provider or health plan covered by HIPAA privacy laws is no longer covered by HIPAA once it is disclosed to the Crime Victims Program pursuant to this authorization, and the Crime Victims Program may redisclose the information if allowed by law.

I understand that I, or my personal representative, have the right to receive a copy of this Authorization.

\_\_\_\_\_  
Signature of Individual or Personal Representative

\_\_\_\_\_  
Date Required

\_\_\_\_\_  
If Representative give relationship to Individual

\_\_\_\_\_  
Print Name of Individual

\_\_\_\_\_  
Address of Individual/ City, State, ZIP

\_\_\_\_\_  
Print Name of Representative (if applicable)

\_\_\_\_\_  
Address of Representative/ City, State, ZIP

It is important that you list the names of the providers where expenses have been incurred that are directly related to this victimization and for which you are seeking assistance from the Arkansas Crime Victims Reparations Board. Thank you.

## ALL APPLICANTS MUST SIGN

### Read Before Signing

**CERTIFICATION OF APPLICATION:** I hereby certify, subject to the penalty of fine and imprisonment, that the information contained in this application is true and correct to the best of my knowledge. I understand that if I knowingly file a false claim or provide false information or fail to provide material facts or circumstances necessary to substantiate the claim, I may not at a later date file a correct claim. **NOTE:** A.C.A. §16-90-704 and ACVRB Rule No. 16 provide that filing a false claim for reparations shall constitute a Class D felony.

**REPAYMENT OF CRIME VICTIM'S COMPENSATION AWARD:** You must repay the Crime Victims Reparations Board if you receive payments from the offender (restitution or civil action), insurance, or any other government or private agency as reimbursement for this injury or death after receipt of payment from the Reparations Board.

**SUBROGATION AGREEMENT:** I hereby agree to notify the Arkansas Crime Victims Reparations Board in the event that additional benefits become available to me in payment of the same expenses for which I receive reimbursement from the Crime Victims Reparations Board. I further agree to retain, as trustee for the Crime Victims Reparations Board, so much of the recovered funds as necessary to reimburse the Reparations Board to the extent of the compensation awarded to me.

X \_\_\_\_\_  
Signature of Applicant/Claimant Date

Relationship to victim if applicant/claimant is other than victim \_\_\_\_\_

## IMPORTANT NOTICES

**SUPPLEMENTAL RULE** - In accordance with ACVRB Rule No. 24, please be advised that additional expenses (called supplemental expenses) that are submitted to the program in the event that a claim is awarded, must be submitted within one year from the date of treatment or payment by a collateral source in order to be considered.

**FINANCIAL OBLIGATION REQUIREMENT** - In accordance with ACVRB Rule No. 25, please be advised that payments shall not be disbursed on an eligible claim if the victim/claimant owes a financial obligation ordered or imposed as a result of a criminal conviction. Such financial obligation includes parole and probation fees.

**MAXIMUM LIMITS** - In accordance with Arkansas Code Annotated 16-90-702, the maximum reparations allowed for eligible victims is \$10,000. However, for those victims whose injuries are catastrophic and result in a total and permanent disability, the maximum reparations allowed is \$25,000. In addition, the Board has established ceilings on eligible expenses through their Rules and Regulations.

*The Crime Victims Reparations Board acknowledges no responsibility for the expenses submitted to the program until a final decision has been made on a claim and the victim/claimant has complied with any conditions made by the Board. As there is no guarantee of payment by this program, a victim/claimant is responsible to service providers for the expenses that have been incurred as a result of a victimization. In addition, it is the victim/claimant's responsibility to notify service providers of the Board's decision on a claim.*

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**ARKANSAS CRIME VICTIMS REPARATIONS BOARD**  
**SEXUAL ASSAULT REIMBURSEMENT PROGRAM**

**REIMBURSEMENT FORM**  
*(for medical facilities only)*

**Reimbursement will be made ONLY on the following conditions:**

1. Treatment is sought and rendered within 96 hours of the assault (This will be waived if the victim is a minor or if good cause is shown);
2. If minor, the incident must be reported to a law enforcement agency;
3. Treatment was not for a pre-existing injury, a physical injury directly relating to the assault, or any other condition; and
4. The victim is not covered by a federally financed benefits program, such as Medicaid, Medicare, Champus or VA. This stipulation has been made pursuant to a VOCA amendment adopted as a part of the Crime Bill.

**SEXUAL ASSAULT VICTIM INFORMATION**

Victim's name \_\_\_\_\_

Victim's date of birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Victim's full address \_\_\_\_\_  
\_\_\_\_\_

Is victim covered by a federally financed benefits program (if yes, please state which program and the victim's identification number)? \_\_\_\_\_

Date and time of assault \_\_\_\_\_

Date and time treatment sought \_\_\_\_\_

Name and address of law enforcement agency notified \_\_\_\_\_  
\_\_\_\_\_

Name and address of medical facility rendering treatment \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_ Contact person \_\_\_\_\_

**Was the victim transported by ambulance?** \_\_\_\_\_ If so, please give the name of the ambulance service.  
\_\_\_\_\_

**Was an outside lab facility used to perform or analyze specimens?** \_\_\_\_\_ If so, please give the name of the facility.  
\_\_\_\_\_

**Transferred victims**

**Was the victim transferred from your facility?** \_\_\_\_\_ If so, please attach documentation justifying the decision to transfer and the name of the facility to whom the victim was sent.

**Was the victim transferred to your facility?** \_\_\_\_\_ If so, please give the name of the facility that transferred the victim.

\_\_\_\_\_  
In the case of transferred victims, please be advised that the Sexual Assault Reimbursement Program will not disburse any payments for eligible expenses to either medical facility until the necessary documentation and itemized billing statements are submitted from both the transferring and receiving facility. In addition, these medical facilities must share the allowable award ceilings outlined in the Sexual Assault Reimbursement Program's Policies and Procedures. The Arkansas Crime Victims Reparations Board will determine the appropriate portion of the ceiling for each medical facility on a case-by-case basis.

**Do you have knowledge of the victim incurring expenses with another facility that are related to the sexual assault examination?** \_\_\_\_\_ If so, please give the name of the facility.

**ATTENDING PHYSICIAN'S OR SANE CERTIFICATION**

Brief description of examination, treatment and tests \_\_\_\_\_

I hereby certify that this patient received a medical-legal examination, which included laboratory tests needed by the State to collect evidence for prosecution.

Physician's or SANE signature \_\_\_\_\_ Date \_\_\_\_\_

**VICTIMS 18 YEARS OF AGE AND OLDER**

Was the incident reported to a law enforcement agency? ☐ Yes ☐ No

If yes, what law enforcement agency was the incident reported to? \_\_\_\_\_

Name and Contact Information for the law enforcement officer that received the report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incident Number: \_\_\_\_\_

Was the medical-legal examination conducted within 96 hours of the attack? ☐ Yes ☐ No

If no, reason: \_\_\_\_\_

NOTE: Arkansas Code Annotated §12-12-403 requires an examination to be conducted within 96 hours of the attack unless CVRB finds that good cause exists for the failure to provide the medical-legal examination within the required time.

Additional Comments: \_\_\_\_\_

I hereby certify that the information contained in this application is true and correct to the best of my knowledge or belief.

Name and Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VICTIMS UNDER 18 YEARS OF AGE**

Law Enforcement Agency Receiving Report: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Name and Contact Information for the law enforcement officer that received the report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incident Number: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that this sexual assault has been reported to a law enforcement agency and that the information contained in this application is true and correct to the best of my knowledge or belief.

Name and Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pursuant to Arkansas Code Annotated §12-12-404, the Crime Victims Reparations Board will reimburse a medical facility for costs incurred in performing a medical-legal examination and tests for venereal disease on sexual assault victims. The medical facility must complete all sections, including the necessary signatures. A copy of the itemized bill (including current procedural terminology (CPT) codes), along with any other relevant information to substantiate the claim must be attached to this form to ensure payment. NOTE: In compliance with Arkansas Code Annotated §12-12-403, the medical facility or licensed health care provider shall not submit any remaining balance after reimbursement by the Arkansas Crime Victims Reparations Board to the victim. Additionally, acceptance of payment of the expenses of the medical-legal examination by the Arkansas Crime Victims Reparations Board shall be considered payment in full and bars any legal action for collection. Information should be forwarded to the **Arkansas Crime Victims Reparations Board, Department of Public Safety, #1 State Police Plaza Drive, Little Rock, AR 72209. You may fax the form and itemized statement to (501) 682-5313. Questions may be directed to 1 (800) 448-3014 or (501) 682-1020.**

Pursuant to Arkansas Code Annotated §5-53-103, False Swearing is a Class A misdemeanor.