



STATE OF LOUISIANA

CRIME VICTIMS REPARATIONS BOARD
1885 Wooddale Boulevard, Rm. 1230
Baton Rouge, LA 70806
(225) 925-4437 FAX (225) 925-6649
1-888-6-VICTIM

Emergency Award

(3/05)

Application

CLAIM NO.:

Instructions:

- 1. To apply for an Emergency Award, fill out this Emergency Award Application completely.
2. Print or type clearly. Complete all sections.
3. If you need help in completing the application, contact your Sheriff's Office or the Crime Victims Reparations Board (address listed at left).

SECTION 1. GENERAL INFORMATION

VICTIM INFORMATION APPLICANT INFORMATION (IF OTHER THAN VICTIM)
PRIMARY VICTIM - NAME NAME
DATE OF BIRTH SOC. SEC. NO. AGE SEX STREET ADDRESS
SECONDARY VICTIM (IF ANY) CITY AGE SEX
DATE OF BIRTH SOC. SEC. NO. AGE SEX STATE ZIP CODE PHONE NO. (HOME)
RELATIONSHIP OF SECONDARY VICTIM TO PRIMARY VICTIM DATE OF BIRTH SOC. SEC. NO. PHONE NO. (WORK)
RELATIONSHIP TO PRIMARY VICTIM:

SECTION 2. CRIME INFORMATION

TYPE OF CRIME DATE CRIME OCCURRED POLICE AGENCY REPORTED TO
PLACE CRIME OCCURRED (STREET, CITY, STATE)
Brief Description of Crime and Injuries Received

SECTION 3. CLAIM REQUEST

AMOUNT REQUESTED Indicate amount of Emergency Awarded Needed (up to \$500)
NEED FOR EMERGENCY AWARD Briefly Explain Your Need for an Emergency Award:

SECTION 4. AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby certify, subject to the penalty of fine or imprisonment that all losses claimed herein are a direct result of the crime and that the information contained in this application for an award is true and correct to the best of my knowledge.

I promise to repay the Louisiana Crime Victims Reparations Fund, through the Crime Victim Reparation Board if I receive payments from the offender (restitution or civil action), insurance, or any other governmental or private agency resulting from this accident after I received payment for Crime Victims Reparations.

I authorize and request any person having information necessary to the administration of my claim, including all past law enforcement records concerning me, to release that information to the Crime Victims Reparations Program. This release includes, but is not limited to, private and governmental physicians and hospitals; local, state and federal law enforcement and prosecutors offices; local state and federal court personnel, any employer; any private company or governmental agency which is providing, or may provide, medical or monetary benefits. I agree and certify that no person shall incur any legal liability to me by releasing any information pursuant to this authorization.

Signature Address

Date this day of at City State

SECTION 5. INVESTIGATORS COMMENTS (FOR OFFICE USE ONLY)

- I recommend the claim be paid. Claim No. _____
- I do not recommend the claim be paid. See comments below.
- The victim has a felony conviction within the last five years.
Date of last conviction _____
- The victim has an extensive criminal history. (See attached criminal history)

Investigator's Signature _____ Date _____

SECTION 6. BOARD MEMBER APPROVAL (FOR OFFICE USE ONLY)

- I recommend the claim be paid. Board Member _____

Amount Recommended: \$ _____, Payable to _____
- I do not recommend the claim be paid. See comments below.

Staff Initial _____ Date _____ Confirmation Date
