



Parent / Legal Guardian / Custodian of Minor Victims Wage Loss Request

Crime Victims Compensation
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 Olympia WA 98504-4520

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Please read the instructions before you complete this form. If you are a parent / legal guardian or custodian guardian of a minor victim you may be able to request wage loss for time missed from work. We may be able to reimburse up to a total of 30 appointments.

Claim Number

Parent / Legal Guardian / Custodian Information

Name of Parent / Legal Guardian / Custodian (Last, First, Middle Initial)		Phone Number
Home Address (Not PO Box; include apartment number if applicable)		
City	State	Zip Code

Victim Information

Name of Minor Crime Victim	Minor's Date of Birth	Date of Crime Injury
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Reimbursing Wages:

Please list appointment type and wage information here. If eligible, you will be reimbursed the hourly wage you were making at the time of the appointment. We also need to know if you were paid any type of leave for the missed time from work.

	A. Date	B. Type of Appointment	C. Start Time	D. End Time	E. Total Hours Missed from Work	F. Hourly Wage	G. Total Hours of Leave Used	H. Signature & Date from CJP Personnel or MED Provider
1.		<input type="checkbox"/> CJP <input type="checkbox"/> MED						
2.		<input type="checkbox"/> CJP <input type="checkbox"/> MED						
3.		<input type="checkbox"/> CJP <input type="checkbox"/> MED						
4.		<input type="checkbox"/> CJP <input type="checkbox"/> MED						
5.		<input type="checkbox"/> CJP <input type="checkbox"/> MED						

Employer Information

Employer's Name	Contact Name & Title
Employer's Address	Contact Phone Number
City	State Zip Code

Parent / Legal Guardian / Custodian Signature — Forms not signed will be returned

The request for wage replacement is related to the minor victim's criminal justice proceeding and/or medical/mental health appointment related to the crime injury. I have not been paid by my employer for them. I understand it is a crime to submit information I know is false. I have read and understand the instructions for this form.

Print Name	Signature	Date
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Instructions for Completing Parent / Legal Guardian / Custodian of Minor Victims Wage Loss Request

Claim Number:

- Enter the claim number in the box.

Parent / Legal Guardian / Custodian Information:

- Enter the name in the last name, first name, middle initial format.
- Enter the best contact phone number.
- Enter the home address, including apartment number if applicable. Do not enter a PO Box.

Victim Information:

- Enter the minor victim's name in the last name, first name, middle initial format.
- Enter the minor's date of birth in the month/day/year format (mm/dd/yyyy).
- Enter the date of the crime injury in the month/day/year format (mm/dd/yyyy).

Reimbursing Wages:

- Column A: Enter the date of the criminal justice proceeding or the medical/mental health appointment (one date per line).
- Column B: Check the CJP box if the appointment is for a criminal justice proceeding. Check the MED box if appointment is for a medical/mental health appointment.
- Column C: Enter the time you started to miss work for the appointment.
- Column D: Enter the time the appointment ended.
- Column E: Enter the total number of hours you missed work.
- Column F: Enter your hourly wage at the time of the appointment. If eligible, you will be reimbursed the wage you were making the date of the appointment. Your claim manager will call your employer to confirm your wage information.
- Column G: Enter the hours of leave used (sick, vacation, PTO, miscellaneous). If you did not use any leave, enter NA. If you received sick leave from your employer, you may not be eligible for wage loss.
- Column H: Have the person saw for at either the criminal court proceeding or medical/mental health appointment.

Example:

	A. Date	B. Type of Appointment	C. Start Time	D. End Time	E. Total Hours Missed from Work	F. Hourly Wage	G. Total Hours of Leave Used	H. Signature & Date from CJP Personnel or MED Provider
1.	08/03/2020	<input checked="" type="checkbox"/> CJP <input type="checkbox"/> MED	10:30 AM	2:00 PM	3.5	\$15.00	NA	Signature & date of court personnel
2.	08/05/2020	<input type="checkbox"/> CJP <input checked="" type="checkbox"/> MED	3:00 PM	4:30 PM	1.5	\$15.00	1.5	Signature & date of medical/mental health provider

Employer Information:

- Enter your employer's name.
- Enter your employer's contact name and title.
- Enter your employer's address.
- Enter your employer's contact phone number.

Signature:

- You must sign the form to be eligible for reimbursement.

Need more help? Visit www.Lni.wa.gov/CrimeVictims or call 1-800-762-3716