

Department of Labor and Industries
 Crime Victims Compensation Program
 PO Box 44520
 Olympia WA 98504-4520
 (360) 902-5355 or
 1-800-762-3716



VICTIM VERIFICATION FORM

Claim number
Date of request
Date of injury

Instructions to victim: This is your request for time-loss compensation. This must be completed before we can consider you for benefits. If you are unable to work due to your crime injury AND your employer is not paying your full wages: 1) Fill out this form. 2) Sign and date it. 3) Mail it to the address above within 14 days.

Name		Phone Number	
Address			
City		State	ZIP+4

Victim's Statement

Due to my crime-related injury/illness, I didn't work, and I wasn't able to work from _____ to _____. This means you didn't perform **any** type of work – paid or unpaid – such as volunteer work, self-employment, COPEs or CHORE Services. Please **DON'T** include the last date worked in the range above.

I will/did return to work on _____	I am now working _____ Hours per day _____ Days per week
	My current wage is: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Day <input type="checkbox"/> Month

I have applied for the following benefits:

- None
- Unemployment – Date of application _____
- Food stamps only – Date of application _____
- Other public assistance programs – Date of application _____
- Social Security benefits – Date of application _____
- Retirement benefits – Date of application _____

On the date of injury, was your employer paying any part of your and/or your family's medical, dental and/or vision insurance benefits, or providing housing, board and/or fuel (utilities)? Yes No

Are you still receiving these benefits? Yes No, **last date covered** _____

By signing below, I am certifying the following:

I understand that if I make a false statement about my activities or physical condition, I will be required to refund my benefits and I may face civil or criminal penalties. I understand I must immediately notify my claim manager if I perform any work (paid or unpaid), if my doctor releases me for work, if I am incarcerated and under sentence, or if the custody of my children changes.

Victim's Signature:	Date:
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