

Victim Service Programs

Statement of Crime

1. What is the name of the victim? _____
2. In what city and state did the crime occur? _____
3. What type of crime was it? _____
4. Please list all injuries (physical and/or emotional)? _____
5. What was the date of the crime (estimate if unknown)? _____
6. Was the crime reported to law enforcement or 911 called? _____

7. If the victim does not intend to report the crime, please identify why:

____ The victim was a juvenile. ____ The victim was afraid to report due to health/safety concerns.

____ There were cultural/linguistic barriers. ____ The victim's physical/mental state prevented it.

Please explain: _____

8. If the victim does not intend to report the crime, please describe the basic facts of the crime (Who was involved? What happened? How did it happen?)

Signature of Victim (if available)

Signature & Organization of person who assisted in completion

Email Address: _____

This form must be completed by an advocate working with the victim if there is no other third-party documentation such as a police report, counseling, or medical records to substantiate the crime. Include this form with a paper application or email to alejandra.pina@aq.iowa.gov OR arica.wright@aq.iowa.gov if an online application is completed. Iowa and federal law requires

Letter to victim/claimant seeking good cause to waive cooperation

I am the Compensation Specialist processing your application for the Iowa Crime Victim Compensation Program (CVCP).

Iowa law states a person is not eligible for compensation from the CVCP unless they cooperate with the reasonable requests of law enforcement in the investigation and prosecution of the crime. This includes providing a true and accurate description of the crime to the best of the victim's ability. Exceptions can be considered when it may not be in the best interest of the victim to provide specific details.

You are receiving this letter because the [PoliceDepartment] indicated you did not cooperate with the reasonable requests of law enforcement.

Within two weeks, please contact the [PoliceDepartment] and provide a true and accurate description of the crime, and answer additional questions they may have. Please let me know when this has been completed so I can request the information from the department.

If you believe it is not in your best interest to provide additional details of the crime to law enforcement, please explain why and return your response within two weeks. This information will only be used to determine your eligibility for the CVCP.

I believe it is not in my best interest to cooperate further with law enforcement because:

Claimant's Signature

Date

If we do not hear from you within two weeks, we may have to deny your application for crime victim compensation. Please let me know if you have any questions.

[InvSignature]