MICHAEL L. PARSON
Governor

SANDRA K. KARSTEN
Director

STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DIRECTOR
CRIME VICTIMS' COMPENSATION PROGRAM

Mailing Address: P.O. Box 749
Jefferson City, MO 65102-0749
Telephone: 573-526-6006
Toll Free: 800-347-6881
Fax: 573-526-4940

KATRINA PRENGER
Program Manager

COMPENSATION CHECKLIST

Use the checklist below for the specific compensation you are requesting. Please be advised that additional information may be necessary at a later date in the application process.

Medical/Counseling Claims:

_____ All medical/counseling bills should be submitted to your insurance, Medicaid, or Medicare carrier **first.**

_____ Submit **itemized** copies of all medical/counseling bills, plus copies of any paid receipts.

_____ Submit any crime related prescription receipts. This can be obtained through a print out at your pharmacy.

_____ If you have injuries that require medication or replacement of medical equipment such as glasses, dentures, etc.; send a copy of the prescription, the **itemized** bill or estimate, and copy of the receipt if you have already paid.

Funeral Claims:

_____ Submit an **itemized** copy of the funeral bill, plus copies of any paid receipts.

_____ Submit a copy of the life insurance policy stating the primary beneficiary.

Loss of Earnings/Loss of Support Claims:

_____ If you are applying for loss of earnings and are **NOT self-employed**, provide the 3 paystubs immediately prior to the crime.

_____ If you are applying for loss of earnings and **ARE self-employed**, provide a copy of the two state and federal tax returns prior to the crime.

_____ If you are applying for loss of support provide a copy of the Life Insurance Benefit Statement and/or the Social Security Survivor's Benefit Statement for you and your children.

_____ If you are applying for loss of support, please provide a copy of the dependent child's birth certificate showing the deceased as a parent.

_____ If you are applying for loss of support, please provide documentation showing guardianship such as birth certificates (if you are the parent of the child) or court guardianship documents.

If you have any questions regarding this list please contact your caseworker by calling our office at 573-526-6006.

My Caseworker: _____ My Claim Number: _____

Notes: