
**Rules of
Department of Labor and Industrial
Relations
Division 50—Workers' Compensation
Chapter 6—Crime Victims**

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Title 8—DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

Division 50—Workers' Compensation Chapter 6—Crime Victims

8 CSR 50-6.010 Rules Governing Crime Victims

PURPOSE: This rule sets forth requirements for filing and pursuing claims under Chapter 595 of the Revised Statutes of Missouri.

(1) Compliance with and Suspension of Rules. All parties seeking action of the Division of Workers' Compensation, referred to in this rule as the division, shall comply with these rules, unless in its judgement, the division determines that compliance with any of the rules under particular circumstances will result in injustice to any party. Rules therefore may be suspended at the discretion of the division and additional evidence received or cases scheduled out of their regular order.

(2) Terms Defined. Terms defined in Chapter 595 have the same meaning when used in these rules.

(3) Filing.

(A) In addition to all other statutory requirements, claims must be filed on official Application for Compensation (CV-1) forms with the Crime Victims' Unit at the Jefferson City office of the division within one (1) year of the date of the crime.

(B) Formal claim will not be considered as filed until the application form has been completed in its entirety and date-stamped by the division.

(C) All communications, documents and letters shall be filed with this office.

(D) All forms, reports, letters and other documents filed by the claimant must be original documents unless this requirement is waived by the division.

(E) The claimant shall be responsible for proving to the satisfaction of the division, by a preponderance of evidence, that the injuries or death giving rise to the application arose from a crime which was promptly reported to a proper law enforcement agency; the extent of out-of-pocket losses sustained as a direct result of the crime; and that the victim, by his/her acts, did not contribute to the injuries suffered.

(F) The claimant shall file with the division current medical reports covering treatment, diagnosis and prognosis, including an estimate of any permanent injury impairing claimant's ability to secure gainful employment.

(G) Claimant shall produce legible identical copies of all bills and documents supporting the payment of all unreimbursed expenses and wage losses or loss of support incurred.

(H) Following the initial filing of a claim, if a claimant fails to take further steps to support or perfect the claim as may be required by the division within thirty (30) days after written notice of the requirement is sent by the division to the claimant, the claimant shall be deemed in default. If the claimant is in default, the division shall notify the claimant that the claim is denied and the claimant shall be forever barred from reasserting it; however, the division may reopen the proceeding upon a showing by the claimant that the failure to do the acts required by the division was beyond the control of the claimant.

(I) All communications from the division to the claimant will be sent to the claimant's last known address. The claimant must promptly advise the division of any change in address.

(4) Death Cases.

(A) The division may require an autopsy report. Refusal to allow an autopsy may be cause for denial of benefits.

(B) Claimant must file a Death Certificate.

(C) Claimant must file a Birth Certificate for each child for whom compensation is sought as a dependent of the victim.

(D) Claimant must provide documentable evidence of support when a claim is being made for loss of support.

(5) Public Inspection of Documents.

(A) A request to inspect or receive copies of any document in the possession of the division as a result of a claim made under the Crime Victims Law shall be in writing.

(B) The charge for copies shall be fifty cents (50¢) per page.

(C) Persons inspecting documents shall not alter, deface or mark the documents in any manner.

(6) Suspension of Proceedings. The division may suspend all proceedings pending disposition of a criminal prosecution.

(7) Cooperation.

(A) Claimant shall cooperate with any law enforcement agency investigating the crime giving rise to the claim. Refusal to cooperate may result in the denial of the claim.

(B) All claimants must fully cooperate with investigators or representatives of the division in order to be eligible for an award. In the event that cooperation is refused or denied, the division may deny a claim for lack of cooperation.

(8) Contribution.

(A) Contribution is determined by the action portrayed by the victim at the time of or immediately preceding the crime. If it appears that the victim was provoked by the defendant in a manner threatening bodily harm to the victim and the victim acted in self-defense, no contribution shall be assessed.

(B) The actions of the victim will be examined to find if the victim was involved in an illegal act in which there is a direct relationship between the illegal act and the infliction of the injuries to the victim. If a finding is made, then the amount of the award will be reduced or the claim will be denied. The division may disregard the responsibility of the victim for his/her own injury where the responsibility was attributable to efforts by the victim to aid a victim or to prevent a crime or an attempted crime from occurring in his/her presence or to apprehend a person who had committed a crime in his/her presence or, in fact, had committed a felony.

(9) Unjust Enrichment.

(A) In determining whether a compensation award can be made without unjustly enriching an offender, the division shall evaluate whether the victim has reported the crime and is cooperating with the criminal justice system in the investigation and prosecution of the crime, and whether the victim will do what is possible to prevent access by the offender to compensation paid to the victim. If the victim is cooperating fully and if the offender will not benefit from or have access to a substantial portion of any cash award made by the division to the victim, then the award shall not be denied on the basis that the offender would be unjustly enriched.

(B) An unjust enrichment determination shall not be based solely on the presence of the offender in the household at the time of the award. The presence of the offender in the household is only one factor to be considered in determining unjust enrichment, and it is necessary to make a case-by-case determination of whether the offender will be unjustly enriched, according to the facts of each situation.

(C) In determining whether enrichment is substantial or inconsequential, factors to be considered include the amount of the award and whether a substantial portion of the compensation award will be used directly by or on behalf of the offender. If the offender has direct access to a cash award and/or if a substantial portion of it will be used to pay for his/her living expenses, that portion of the award that will substantially benefit the offender may be reduced or denied. When enrichment is inconsequential or minimal, the award shall not be reduced or denied. It should



be remembered, however, that a portion of an award that may pay for some of the offender's living expenses, such as rent, may also be paying for the same essential needs of the victim and the victim's dependents.

(D) Collateral resources available to the victim from the offender shall be examined. Collateral resources may include court-ordered restitution, an offending spouse's medical insurance or other resources of the offender available to cover the victim's expenses. In evaluating the availability of collateral resources, a determination shall be made first as to whether the offender has a legal responsibility to pay; second, whether the offender has resources to pay; and third, whether payment is likely. The victim shall not be penalized for the failure of an offender to meet legal obligations to pay for the costs of the victim's recovery. If the offender fails to meet legal responsibilities to pay restitution or provide for the medical and support needs of a spouse or child, or if the offender impeded payment of insurance that may be available to cover a spouse's or child's expenses, the division should attempt to meet the victim's needs to the extent allowed, and the division may pursue whatever actions are appropriate to seek reimbursement from the offender. The division shall ensure that the program is subrogated to any restitution the offender may owe to the victim.

(E) Payments shall be made to third-party providers to prevent cash intended to pay for the victim's expenses to be used by or on behalf of the offender.

(F) With regard to claims from or on behalf of abused children, the division shall not penalize child victims by denying or delaying payment when the offender is not meeting legal obligations or collateral resources are not forthcoming. Third-party payments shall be used whenever possible to prevent or minimize unjust enrichment of offenders living with abused children. The division may also consider establishment of a trust arrangement to guarantee that the award is used for the purposes it is intended.

(10) Award.

(A) All awards shall be one (1) time payments, including payments made for medical care or other services necessary as a result of the injury, with the exception of mental health treatment or extended medical treatment which may be made in multiple payments;

(B) When disbursing an award, the division shall apply the proceeds of the award in the following order:

1. Reasonable attorney fees as determined by the division;
2. Outstanding medical and funeral expenses;

3. Reimbursement for compensable out-of-pocket expenses;

4. Loss of income the victim would have earned had the victim not been injured; and

5. Loss of financial support that the victim would have supplied to legal dependents had the victim not died.

(C) If the expenses in paragraph (10)(B)2. of this rule exceed the total amount of the award, the division shall prorate the award among the providers in that category after fees outlined in paragraph (10)(B)1. have been deducted.

(D) If the recipient of an award is a minor, the division may require that a guardianship be established and the award be delivered to the guardian of the minor's estate.

(E) In determining whether to award loss of income to a dependent of a victim who has died or an injured victim, the following factors may be considered by the division:

1. Whether the victim was employed at the time of the injury or death; and

2. If the victim was self-employed, federal income tax returns and any estimated returns for the year of the crime.

(F) In no case will an award for loss of income be made without substantial proof of earnings at the time of the crime on which the claim is based.

(G) The division will make an emergency award only upon a showing of dire necessity. The claimant must request, in writing, an emergency award when submitting his/her application form and show just cause as to why an award should be considered. No award will be made until the police report is acquired.

(11) Claim Filed.

(A) Upon receipt of an Application for Compensation on Form CV-1, the division will assign the case for investigation.

(B) After the investigation is completed and necessary documents are filed, the division may issue an administrative decision offering a settlement based upon its opinion as to the dollar value of the claim or deny the claim based upon the provisions outlined in Chapter 595.

(12) Procedure.

(A) Claimant may accept the offer of settlement as long as it remains open.

(B) If the claimant disagrees with the decision of the division, s/he may ask the division to set the case for conference before a representative of the division.

(C) The request for a conference shall be made in writing and shall be submitted to the division office in Jefferson City.

(D) The request for the conference must be made within thirty (30) days of the date of the letter containing the decision of the division.

(E) Claimant may ask that his/her case be advanced on the conference docket on the grounds of extreme need and undue hardship. This request must be accompanied by affidavit setting forth facts that will allow a determination of the degree of need and hardship.

(F) Conferences before the division representative will be simple, informal and summary with respect to the conduct. All of the competent evidence desired to be offered by the claimant shall be heard.

(G) The division may receive as evidence any statements, documents, information or material, that it finds is relevant and of a nature to afford the parties a fair hearing. The division may also accept police reports, hospital records and reports, physicians' reports and other documentation as proof of the crime and injuries sustained, without requiring the presence of the investigating officer or attending physician at the hearing.

(H) If claimant fails to appear at the first setting for conference of his/her claim, claimant may be notified of the second setting by certified United States mail. If s/he fails to appear at the second setting, the claim may be dismissed for want of prosecution.

(13) Attorneys and Attorney Fees.

(A) Claimants have the right to be represented before the division by an attorney at law, licensed to practice in Missouri. The attorney shall file a notice of appearance.

(B) The attorney representing a claimant before the division must submit an affidavit setting forth the total number of hours expended and describing the nature of the work performed.

(C) Attorney's fees shall be awarded at the discretion of the division.

(D) Attorney's fees may be based on the number of hours spent in representing the claimant. Hourly fee rate to be determined by the division.

(E) The attorney's fee shall not exceed fifteen percent (15%) of the total amount awarded to the claimant.

(F) No prior agreement between an attorney and a client to pay the attorney a fee out of the client's award will be honored by the division. The division shall set and determine the attorney's fee.

(14) Disclosure. No information obtained by the division shall be disclosed to persons other than the parties to compensation proceedings and their attorneys, except by order of the division or the commission, or at a conference proceeding, but information may be used by the division or the commission for statistical purposes.

Auth: sections 287.650 and 595.060, RSMo (1986). Original rule filed Dec. 14, 1982, effective March 11, 1983. Amended: Filed Dec. 28, 1990, effective June 10, 1991.



STATE OF MISSOURI
DIVISION OF WORKERS' COMPENSATION
APPLICATION FOR CRIME VICTIMS' COMPENSATION

FOR OFFICE USE ONLY	
CLAIM NO.	
INVESTIGATOR	

TYPE OF APPLICATION <small>CHECK ONE</small> <input type="checkbox"/> VICTIM CLAIM <input type="checkbox"/> SURVIVOR CLAIM <small>(Victim deceased)</small>	INSTRUCTIONS: 1. Type or Print clearly in ink. 2. Last page of this form must be signed. 3. If applicant is a minor or incompetent person, application MUST be made by a parent or guardian. 4. If question is NOT APPLICABLE , answer with N/A.
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MAILING ADDRESS ► CRIME VICTIMS' COMPENSATION
 P.O. BOX 58, JEFFERSON CITY, MISSOURI 65102
 TELEPHONE NUMBER (314) 751-4231

FOR THIS APPLICATION AND ALL CORRESPONDENCE

HOW DID YOU FIND OUT ABOUT THE CRIME VICTIMS' COMPENSATION PROGRAM?

<input type="checkbox"/> POLICE	<input type="checkbox"/> PUBLIC SERVICE ANNOUNCEMENT
<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> PROSECUTOR
<input type="checkbox"/> VICTIM ASSISTANCE PROGRAM	<input type="checkbox"/> POSTER/BROCHURE
<input type="checkbox"/> OTHER (PLEASE SPECIFY) _____	

SECTION I CLAIMANT INFORMATION (IF SOMEONE OTHER THAN VICTIM IS FILING CLAIM)

NAME OF CLAIMANT (Last, First and Middle)		SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
RELATION TO VICTIM	HOME TELEPHONE NO.	WORK TELEPHONE NO.	
BIRTHDATE	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED

SECTION II VICTIM INFORMATION

NAME OF VICTIM (Last, First and Middle)		SOCIAL SECURITY NO.	
CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE
ADDRESS AT TIME OF CRIME (IF DIFFERENT FROM ABOVE)	HOME TELEPHONE NO.	WORK TELEPHONE NO.	
BIRTHDATE	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED

RACE ETHNIC (<i>Check One</i>)* <input type="checkbox"/> 1. WHITE <input type="checkbox"/> 2. BLACK <input type="checkbox"/> 3. HISPANIC <input type="checkbox"/> 4. AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> 5. ASIAN PACIFIC ISLANDER <input type="checkbox"/> 6. OTHER	HANDICAPPED* (<i>Explain</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO
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NATIONAL ORIGIN*	IS VICTIM DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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*This information is requested solely for compliance with Federal Civil Rights under Section 1407(c) of the Victims of Crimes Act of 1984. It will be used only for statistical purposes.

NOTE ► APPLICATION MUST BE SIGNED ON BACK PAGE.

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SECTION III CRIME INFORMATION				WAS A POLICE REPORT FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF CRIME: <input type="checkbox"/> ASSAULT <input type="checkbox"/> SEXUAL OFFENSE <input type="checkbox"/> VEHICULAR <input type="checkbox"/> MURDER <input type="checkbox"/> OTHER _____					
BRIEF DESCRIPTION OF CRIME: _____ _____					
DATE CRIME OCCURRED		PLACE OF CRIME: STREET ADDRESS			
		CITY		COUNTY	
DATE CRIME WAS REPORTED		HAS ARREST BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE CHARGES BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
NAME AND ADDRESS OF POLICE DEPARTMENT				NAME OF INVESTIGATING OFFICER(S)	
WHO COMMITTED THE CRIME? (IF KNOWN)		POLICE REPORT NUMBER		DOCKET NUMBER	
DID VICTIM KNOW THE PERSON WHO COMMITTED THE CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IN WHAT WAY? _____					
WAS VICTIM RELATED TO THE PERSON WHO COMMITTED THE CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IN WHAT WAY? _____					
WAS VICTIM LIVING IN THE SAME HOUSEHOLD AS THE PERSON WHO COMMITTED THE CRIME AT THE TIME OF THE CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, IS VICTIM STILL LIVING IN SAME HOUSE AS OFFENDER? _____					
RESTITUTION					
IF THE COURT HAS ORDERED THE OFFENDER TO MAKE RESTITUTION TO YOU (PAY YOU BACK). COMPLETE THE FOLLOWING:					
RESTITUTION ORDER DATE _____ COURT _____ AMOUNT \$ _____					
JUDGE _____ HOW IT IS TO BE PAID _____					
SECTION IV WAGE LOSS/LOSS OF SUPPORT (FILL OUT ONLY IF APPLICANT OR VICTIM WAS EMPLOYED AT THE TIME OF THE CRIME AND A LOSS IS BEING CLAIMED)					
WAS VICTIM EMPLOYED AT TIME OF CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
VICTIM'S EMPLOYER (AT TIME OF CRIME)				TELEPHONE NUMBER	
VICTIM'S EMPLOYER ADDRESS			CITY	STATE	ZIP CODE
IF VICTIM WAS SELF-EMPLOYED SUBMIT MOST RECENT INCOME TAX REPORTS AND OTHER PROOF SUCH AS STATEMENTS FROM THOSE FOR WHOM VICTIM WORKED SHOWING AMOUNT(S) PAID AND DATE(S) FOR A PERIOD OF AT LEAST 60 DAYS PRIOR TO INJURY.					
VICTIM'S NET (TAKE HOME) EARNINGS OR INCOME AT TIME OF CRIME (INCLUDE TIPS AND BONUSES) IF TIME LOSS OR LOSS OF SUPPORT BENEFITS ARE CLAIMED: \$ _____ PER WEEK.					
DATE LEFT WORK DUE TO CRIME: (MONTH, DAY, YEAR) _____					
DATE RETURNED TO WORK: (MONTH, DAY, YEAR) _____					
DAYS OFF FOR WHICH VICTIM RECEIVED COMPENSATION IN THE FORM OF ACCRUED SICK/VACATION LEAVE ▶ _____					
WAS THE CRIME WORK-RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, HAS THE VICTIM APPLIED FOR WORKMEN'S COMPENSATION OR OTHER EMPLOYER BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE DESCRIBE: _____					
ARE YOU RECEIVING OR HAVE YOU RECEIVED ACCIDENT OR DISABILITY BENEFITS FROM YOUR EMPLOYER AS A RESULT OF THIS INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE: _____					
DOCTOR WHO CAN VERIFY LENGTH OF DISABILITY TO WORK					
DOCTOR'S NAME	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.

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SECTION V MEDICAL (INCLUDING PSYCHOLOGICAL) EXPENSES					WILL THERE BE MORE BILLS	
ENTER BELOW ALL EXPENSES FOR SERVICES RENDERED AS A RESULT OF THIS CRIME (ATTACH ALL BILLS AVAILABLE)					<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF DOCTOR, HOSPITAL, OR OTHER PROVIDER OF SERVICE	ACCOUNT NUMBER	STREET ADDRESS	CITY	STATE	ZIP CODE	

SECTION VI FUNERAL EXPENSES (ATTACH COPY OF DEATH CERTIFICATE AND FUNERAL BILL)				
WILL DEPENDENT(S) RECEIVE FUNERAL BENEFITS FROM THE FOLLOWING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING:				
SOCIAL SECURITY	WORKERS' COMPENSATION	OTHER (SPECIFY)		
\$	\$	\$		
NAME OF FUNERAL HOME	STREET ADDRESS	CITY	STATE	ZIP CODE
AMOUNT OF FUNERAL AND BURIAL EXPENSES	HAVE BURIAL EXPENSES BEEN PAID?	IF YES, BY WHOM?		
\$	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL (\$)			
NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
WILL DEPENDENT(S) RECEIVE ANY ACCIDENT OR LIFE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING:				
NAME OF COMPANY	AMOUNT	BENEFICIARY		
	\$			

SECTION VII INSURANCE AND OTHER COLLATERAL SOURCE INFORMATION	
INDICATE BELOW IF ANY SOURCES ARE PAYING OR WILL PAY ANY OF ABOVE EXPENSES	
<input checked="" type="checkbox"/> NAME	IF YES, GIVE NAME AND ADDRESS OF SOURCE AND YOUR POLICY AND/OR CLAIM NUMBER
<input type="checkbox"/> HMO/PPO	
<input type="checkbox"/> HEALTH INSURANCE	
<input type="checkbox"/> VETERANS ADMINISTRATION	
<input type="checkbox"/> ARMED SERVICES (CHAMPUS)	
<input type="checkbox"/> WORKERS' COMPENSATION	
<input type="checkbox"/> PUBLIC ASSISTANCE	
<input type="checkbox"/> MEDICAID	
<input type="checkbox"/> MEDICARE	
<input type="checkbox"/> OTHER	

DID YOU RECEIVE COMPENSATION WHILE OFF WORK? IF YES, COMPLETE THE FOLLOWING:			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
	AMOUNT PER WEEK	FROM (DATE) MONTH/DAY/YEAR	TO (DATE) MONTH/DAY/YEAR
WORKERS' COMPENSATION	\$		
UNEMPLOYMENT COMPENSATION	\$		
PRIVATE HEALTH PLAN	\$		
VACATION	\$		
SICK LEAVE	\$		
EMPLOYERS GROUP HEALTH PLAN	\$		
DISABILITY PAY	\$		

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INSURANCE INFORMATION - COMPLETE THIS SECTION ONLY FOR MOTOR VEHICLE CLAIM				
DOES CONVICTED OPERATOR HAVE LIABILITY INSURANCE COVERAGE ON AUTO? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, ENTER NAME OF CARRIER AND POLICY LIMITS		
STREET ADDRESS	CITY	STATE	ZIP CODE	POLICY NO.
DOES THE VICTIM HAVE UNINSURED MOTORIST INSURANCE COVERAGE ON AUTO? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, ENTER NAME OF CARRIER AND POLICY LIMITS		
STREET ADDRESS	CITY	STATE	ZIP CODE	POLICY NO.
HAS SETTLEMENT BEEN MADE WITH CARRIER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHICH ONE?		
SECTION VIII OTHER INFORMATION				
IS THE VICTIM OR CLAIMANT CONSIDERING A CIVIL ACTION AGAINST THE OFFENDER OR SOME OTHER THIRD PARTY FOR DAMAGES CLAIMED HEREIN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____				
PLEASE USE THIS SPACE FOR ANY FURTHER INFORMATION YOU WISH TO BRING TO THE ATTENTION OF THE CRIME VICTIMS' COMPENSATION COMMISSION. _____ _____				
ATTORNEY INFORMATION				
IF THE CLAIMANT IS REPRESENTED BY AN ATTORNEY IN APPLYING FOR BENEFITS UNDER THIS PROGRAM, PLEASE COMPLETE THE FOLLOWING:				
ATTORNEY'S NAME (LAST, FIRST, MI)			TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	
AUTHORIZATION FOR RELEASE OF INFORMATION TO CONDUCT AN INVESTIGATION, TO MAKE PAYMENTS DIRECTLY TO SUPPLIERS AND ASSIGNMENT OF SUBROGATION RIGHTS				
I give permission to any hospital, doctor, law enforcement agency, employer, welfare or social agency, or any federal, state or local government agency to release all records and information that will help the Missouri Crime Victims' Compensation Unit to process my claim for reparations and to allow copies of such records to be made and to answer any questions made by or on behalf of the Missouri Crime Victims' Compensation.				
I understand that after receiving this form the Missouri Crime Victims' Compensation Unit will investigate the truth of the information given on this form and other matters regarding this claim, and I consent to such investigation. This authorization is valid for two years from the date given below.				
I acknowledge and agree that all or any part of any reparations awarded may be paid directly to any supplier of goods or services on my behalf.				
I further acknowledge and agree that the State of Missouri is subrogated, to the extent of any reparations awarded to me, to all the claimant's rights to recover benefits or advantages for economic loss from a source which is, or if readily available to the victim or claimant would be, a collateral source, and I hereby assign such rights to the State of Missouri so that they may protect their subrogation rights, and agree to assist the state in pursuing its subrogation right.				
I agree to notify the Division if I retain an attorney to represent me in a lawsuit related to this crime.				
I certify that I have read and understand the statements above; and that the information I have given is true and correct to the best of my knowledge and belief.				
SIGNATURE OF CLAIMANT			DATE	

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