



South Carolina
State Office of Victim Assistance

Crime Victims' Compensation Technical Assistance Form

(Form to be completed by victim advocates and other service professionals)

VICTIM INFORMATION	
Primary Victim:	Claimant:
Address:	
Telephone Number:	Alternate Number:
Victim Type:	Injury Sustained:
Professional completing form:	
Agency:	
ADVOCATE CHECKLIST	NOTES
<input type="checkbox"/> Did you explain Victims' Rights?	
<input type="checkbox"/> Did you explain the Eligibility Criteria?	
<input type="checkbox"/> Do you have a copy of the Incident Report?	
<input type="checkbox"/> Did you assist with filing a Compensation Claim?	
VICTIM DOCUMENTATION COLLECTED:	SUPPLEMENTAL DOCUMENTATION PROVIDED:
<input type="checkbox"/> Certificate of Death	<input type="checkbox"/> Physician's Disability Report
<input type="checkbox"/> Funeral Bill/Contract	<input type="checkbox"/> Mental Health Counselor's Report
<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Benefits Quick Reference Guide
<input type="checkbox"/> Medical Claim Form	<input type="checkbox"/> Payment and Reimbursement at a Glance Flyer
<input type="checkbox"/> Explanation of Benefits (EOB)	<input type="checkbox"/> Brochures
<input type="checkbox"/> Employer's Report	<input type="checkbox"/> Flyers/Posters
REFERRALS	
<input type="checkbox"/>	
<input type="checkbox"/>	
ADDITIONAL NOTES OR COMMENTS	

Victims' Compensation ~ Victim/Witness Assistance ~ Training ~ Information ~ Referrals

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