

## **Tips for Advocates**

### **Documents used to establish compensation eligibility and ineligibility:**

- Law Enforcement Incident Report
- Law Enforcement Supplemental
- Report/Affidavit/Investigative Follow-up Report
- SC Highway Patrol's Traffic Accident Report /TR-310/MAIT Team Report
- Letter from victim advocates
- Victim's voluntary statement and if warranted a witness statement

### **How advocates can help speed up the qualification process:**

- Make sure the incident report is submitted with the application. When possible, send a copy of the warrant or supplemental report.
- Send a brief synopsis of the incident, to include a warrant number and case status.
- If the victim was injured on the job, check to see if the victim was covered by workers compensation prior to submitting the claim.
- Make sure person(s) signing the application are 18 years of age or older.
- Make sure the person completing the application for funeral expenses is the person responsible for the funeral bill - the actual person who signed the bill.

## **When submitting an application, Remember:**

- You should complete the section on the compensation application as the "referral source."
- You are not legally allowed to sign the claim on behalf of a victim.
- The Social Security number of each applicant is necessary to verify case information.
- The crime information section should be filled out entirely even though law enforcement reports are sent with the application.
- Written consent is needed from the victim if the victim wishes for someone else to call on their behalf to check the status on their claim.
- The name on the incident report must match the name on the application. If the names are different, SOVA will need a letter from the referral source confirming that the name listed on the incident report and the person signing the application are the same.
- You will need to fill in each section of the application prior to submission.
- You must list insurance, Medicaid or Medicare information. If the victim does not have insurance, Medicaid or Medicare, please write no insurance. Do not leave blank or write N/A.
- Please remember to call us if you have any questions regarding the claim you are submitting.