

**TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION**

Control _____ Department or Agency Crime Victims' Compensation Commission

Rule No. 262-x-4-.02

Rule Title: Eligibility Criteria.

_____ New Amend _____ Repeal _____ Adopt by Reference _____

Would the absence of the proposed rule significantly
Harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the
state's police power and the protection of the
public health, safety, or welfare? Yes

Is there another, less restrictive method of
regulation available that could adequately protect
the public? No

Does the propounded rule have the effect of directly
or indirectly increasing the costs of any goods or
services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the
public than the harm that might result from the
absence of the proposed rule? N/A

Are all facets of the rulemaking process designed
solely for the purpose of, and so they have, as
their primary effect, the protection of the public? Yes

.....
Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is
required to be accompanied by a fiscal note prepared in accordance with
subsection (f) of Section 41-22-23, Code of Alabama 1975.

.....
Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full
compliance with the requirements of Chapter 22, Title 41, Code of Alabama
1975, and that it conforms to all applicable filing requirements of the
Administrative Procedures Division of the Legislative Reference Service.

Signature of certifying officer Cassie T. Jones Cassie T. Jones, Ed.D.

Date 5/13/14

ALABAMA CRIME VICTIMS' COMPENSATION COMMISSION

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 262-x-4-.02 Eligibility Criteria Generally.

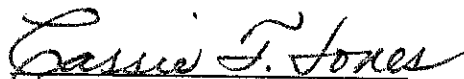
INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION: The Commission proposes to amend the rule to accept additional documents as proof of citizenship and as proof of being an alien who is not unlawfully present.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Interested persons may present their views in writing to the Alabama Crime Victims' Compensation Commission, 5845 Carmichael RD; Post Office Box 231267, Montgomery, Alabama 36123-1267, or oral comments at 334.290.4420.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written comments shall be received until the close of record at 5:00 p.m. on July 7, 2014. All comments should be addressed to the contact person listed below or oral comments at 334.290.4420.

CONTACT PERSON AT AGENCY: Kim Z. Martin, General Counsel, Alabama Crime Victims' Compensation Commission, 5845 Carmichael RD; Post Office Box 231267, Montgomery, Alabama 36123-1267.



Cassie T. Jones, Ed.D.
Executive Director

262-X-4-.02 Eligibility Criteria Generally.

1. The incident must have occurred on or after June 1, 1984.
2. The incident must have been reported within 72 hours after its occurrence or the Commission must find there was good cause for the failure to report within that time. Good cause includes, but is not limited to the minority, infirmity or incapacity of the claimant.
3. The application must be filed within one (1) year of the incident unless the Commission finds there was good cause for the failure to report within that time.
4. The victim must have suffered bodily injury, psychological injury as the result of a direct, face to face threat of physical injury, or actual physical injury or death as a result of the criminal actions of another.
5. The claimant or victim must cooperate fully with law enforcement and the Commission staff. If law enforcement officials or Commission staff is not satisfied with the victim's or claimant's cooperation, the Commission may deny, reduce or declare the claim ineligible.
6. Requested expenses shall not be eligible for compensation in the event that they have been paid by a collateral source.
7. The victim or claimant must not be the offender or an accomplice of the offender.
8. No portion of the compensation shall benefit the offender or accomplice.
9. If the applicant, after making application for compensation to the Commission, then perpetrates any criminally injurious conduct or is convicted of a felony, the applicant shall be ineligible for compensation.
10. ~~Any incident occurring at a place known for illegal activity (shot house, house of gambling, house of prostitution or drug house) or arising out of acts involving violations of the Alabama Criminal Code shall not be eligible for compensation under this chapter. This shall not include persons who were in such areas for a legitimate purpose and not involved in any type of illegal activity.~~ The claimant must submit an original signed and notarized claim application.
11. The victim's presence in the United States of America must be lawful.
12. ~~Illegal aliens who are victims of human trafficking that meet the requirements set forth for the eligibility pursuant to 22 U.S.C. §7105 shall be eligible for compensation.~~ An alien who is defined as an eligible alien pursuant to 8 U.S.C. §1621(a) or 8 U.S.C. § 1641, or certified as a victim of human tracking pursuant to 22 U.S.C. §7105 may be eligible for compensation benefits.
13. Proof of U.S. citizenship, or legal presence in the U.S., or proof of being an alien eligible for public benefits must be provided for every claimant/victim.
 - a. An original or certified copy of the following documents is evidence of U.S. citizenship:
 - i. A birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.
 - ii. A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240).
 - iii. A birth certificate or passport issued from:
 1. Puerto Rico, on or after January 13, 1941;
 2. Guam, on or after April 10, 1898;
 3. U.S. Virgin Islands, on or after February 25, 1927;
 4. Northern Mariana Islands, after November 4, 1986;
 5. American Samoa;
 6. Swains Island; or
 7. District of Columbia.
 - iv. An unexpired U.S. passport.

- v. Certificate of Naturalization (N-550, N-57, N-578).
 - vi. Certificate of Citizenship (N-560, N-561, N-645).
 - vii. U.S. Citizen Identification Card (I-179, I-197).
 - viii. Free Alabama Photo Voter Identification Card.
- b. A person is presumed to not be an alien who is unlawfully present in the U.S. if the person provides the original of one of the following documents to the Commission for inspection:
- i. A valid, unexpired Alabama driver's license.
 - ii. A valid, unexpired Alabama nondriver identification card.
 - iii. A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
 - iv. Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.
 - v. A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.
- c. Submission of a copy of one of the following documents and subsequent positive verification in the Systematic Alien Verification for Entitlements (SAVE) system is proof of legal presence:
- i. I-327 (Reentry Permit)
 - ii. I-551 (Permanent Resident Card)
 - iii. I-571 (Refugee Travel Document)
 - iv. I-766 (Employment Authorization Card)
 - v. Certificate of Citizenship
 - vi. Naturalization Certificate
 - vii. Machine Readable Immigrant Visa (with Temporary I-551 Language)
 - viii. Temporary I-551 Stamp (on Passport or I-94)
 - ix. I-94 (Arrival/Departure Record)
 - x. I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
 - xi. Unexpired Foreign Passport
 - xii. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
 - xiii. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
 - xiv. Documents not included in this list will be examined on a case-by-case basis.
- d. Failure to provide this documentation within the requested time shall result in the non-approval of the compensation claim.
- e. This rule shall be effective upon the filing date and apply to claims pending and/or claims received on or after the filing date.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed May 13, 2014

ALABAMA CRIME VICTIMS COMPENSATION COMMISSION

If you have limited English proficiency, you have the right to language assistance and this language assistance will be provided to you free of charge.

P.O. BOX 231267
MONTGOMERY, ALABAMA 36123-1267
(334) 290-4420
1-800-541-9388 (VICTIMS ONLY)
FAX (334) 290-4455
www.acvcc.alabama.gov

Si usted ha limitado la pericia inglesa, usted tiene el derecho a la ayuda del idioma y esta ayuda del idioma será proporcionado a usted libre de la carga.

APPLICATION INSTRUCTIONS

Please carefully read these instructions before completing the application.

1. When completing this form, please type or print legibly, in ink.
2. If you need help with this form, please contact the Victim Service Officer (VSO) at your local District Attorney's office or the ACVCC at the number(s) listed above.
3. Only send copies of bills and expenses related to the victimization. Include copies of bills, receipts, and insurance or benefit statements related to the victimization with the application. You may send copies of additional medical bills as treatment continues. Until necessary documentation is received, that portion of your claim cannot be processed.
4. Your claim cannot be processed without a police report. The ACVCC will request a copy of the incident report from law enforcement. If you have a copy of the incident report, sending it in with your application may shorten the processing time for your claim.
5. Promptly mail the application and all documents to the ACVCC at the above address. There is a one-year deadline from the date of the crime for filing your claim.
6. If the ACVCC asks you for additional information, you should send it immediately. If the requested information is not received within forty-five (45) days, your claim may be not approved.
7. The contact information in SECTION 1 or SECTION 2 must be completed in order to process your claim. If the ACVCC is unable to contact you or there is no response to correspondence, your claim may be not approved.
8. The demographic information requested in SECTION 1 (shaded box) is OPTIONAL. This information is collected for statistical purposes. You do not have to provide this information.
9. SECTION 2 should only be completed if someone other than the victim is filing a claim. A claimant may apply in cases where the victim is deceased, incapacitated, or is a minor. The claimant must be the person legally authorized to act on the behalf of the victim. Documentation of this authority must be provided. In Alabama, unless you are married or an emancipated minor, you must be a minimum age of 19 to file your own claim.
10. The questions in SECTION 3 must be answered for the ACVCC to process your claim.
11. The applicable information in SECTION 4 should be completed to the best of your ability. The questions in SECTION 4 must be answered for the ACVCC to process your claim.
12. The applicable information in SECTION 5 should be completed for any medical expenses incurred as a result of your victimization.
13. The applicable information in SECTION 6 should be completed if you want consideration of lost wages or economic loss incurred as a result of your victimization. You must provide a doctor's excuse to be eligible for lost wages.
14. The applicable information in SECTION 7 and SECTION 9 should be completed to the best of your ability.
15. The information in SECTION 8 should only be completed if the victim is deceased.
16. Complete SECTION 10 if you need emergency financial assistance. Emergency awards are for cases of dire economic need that result from violent crime victimization. These awards are usually granted for loss of income, moving expenses, prescriptions, or crime scene clean-up. If you are requesting an emergency award for loss of income, please attach a statement from your employer stating the time lost from work and your net (take-home) weekly pay. If you are requesting an emergency award for moving expenses, you must attach estimates or receipts for the requested items. Emergency awards are not usually considered for medical bills unless a service provider has refused treatment pending payment. Please have the service provider write a letter noting this, and provide a copy of the estimate. If you do not include these items, it will take longer to process your emergency award. There is a maximum of **\$1,000.00**.
17. For SECTION 11, either provide the contact information for your attorney OR check the box stating that you have NOT filed any civil lawsuits in connection with this victimization.

The ACVCC must receive the signed, dated, and notarized original forms in order to process your claim. Unsigned or non-notarized forms may be returned to you for signature(s), delaying the processing of your claim.

Please note that the *Claim Authorization* form must be notarized.

A claim filed on behalf of a minor victim or by the next of kin of a homicide victim cannot be processed without a completed and notarized *Affidavit of the Parent or Legal Guardian of a Crime Victim* (if a minor victim) or *Affidavit for the Surviving Spouse or Next of Kin* (if a homicide victim).

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ACCEPTABLE DOCUMENTATION FOR PROOF OF LEGAL PRESENCE

If you are an U.S. citizen, please provide the Commission with an original or certified copy of one of the following documents:

- A birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions
- A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240)
- A birth certificate or passport issued from:
 1. Puerto Rico, on or after January 13, 1941
 2. U.S. Virgin Islands, on or after February 25, 1927
 3. American Samoa
 4. District of Columbia
 5. Guam, on or after April 10, 1898
 6. Northern Mariana Islands, after November 4, 1986
 7. Swains Island
- An unexpired U.S. passport
- Certificate of Naturalization (N-550, N-57, N-578)
- Certificate of Citizenship (N-560, N-561, N-645)
- U.S. Citizen Identification Card (I-179, I-197)
- Free Alabama Photo Voter Identification Card

The Commission will return your original or certified copy of your proof of U.S. citizenship via the United States Postal Service (USPS). However, the Commission cannot guarantee the USPS's return of your document(s). If you obtain(ed) your birth certificate after the date of your victimization, the Commission will reimburse you for the cost of the birth certificate if your claim is approved. The Commission does not reimburse for passports.

If you are not a U.S. citizen, you must provide proof of legal presence. Submission of a copy of one of the following documents and subsequent positive verification in the Systematic Alien Verification for Entitlements (SAVE) system is proof of legal presence:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Certificate of Citizenship
- Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 Language)
- Temporary I-551 Stamp (on Passport or I-94)
- I-94 (Arrival/Departure Record)
- I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- Documents not included in this list will be examined on a case-by-case basis

Your legal presence will be verified by the Systematic Alien Verification for Entitlements (SAVE) system.

You will be presumed to not be an alien who is unlawfully present in the U.S. if you provide the original of one of the following documents to the Commission for inspection: (A **copy** of the document **is not acceptable**.)

- A valid, unexpired Alabama driver's license.
- A valid, unexpired Alabama non-driver identification card.
- A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
- Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.

Proof of citizenship or legal presence must be provided for the victim and the claimant if you are filing on someone else's behalf.

SECTION 4. CRIME, INJURIES, AND RELATED INFORMATION

Type of crime Date of injury to victim Date of death of victim
 Assault Sexual Offense Murder Vehicular Domestic Violence Other

Location where crime occurred City _____ County _____ State _____

In your own words, please provide a brief description of the crime. Attach additional sheets if needed.

Offender(s) - Please list name, birth date, and Social Security Number if known Witness(es) - Please list name, address, and phone number

Law enforcement agency to which crime was reported Agency phone number Date reported Time reported Name of investigating officer(s)

Was the victim living in the same house as the offender **at the time of the crime?** Is the victim living in the same house as the offender **now?**
 YES NO YES NO

Has a warrant been signed? Did the victim know the offender?
 YES NO If NO, please explain why not. YES NO If YES, please explain.

Has an arrest been made? Is the offender related to the victim?
 YES NO If NO, please explain why not. (If known) YES NO If YES, please explain.

SECTION 5. MEDICAL/PSYCHIATRIC EXPENSES

Copies of all itemized bills and insurance statements must be sent to the ACVCC.

Describe injuries the victim received

List all medical, psychiatric, dentist, ambulance, doctor, hospital, counselor, and other medical expenses related to injuries received

Billers Name	Billers Phone	Billers Address	Charge	Insurance Paid	Claimant Paid	Victim Paid	Balance Due

SECTION 6. EMPLOYMENT INFORMATION

See instruction sheet for eligibility criteria. This section must be completed if lost wages are requested. A DOCTOR'S EXCUSE MUST BE PROVIDED TO THE ACVCC. By completing this section you are giving the ACVCC permission to contact these employers to verify employment information and wages.

Employment information for <input type="radio"/> Claimant <input type="radio"/> Victim Job Title _____ Employer Name _____ Employer Contact _____ Street Address _____ City _____ State _____ ZIP _____ Phone _____ FAX _____ Date Left Work _____ Date Returned to Work _____	Employment information for <input type="radio"/> Claimant <input type="radio"/> Victim Job Title _____ Employer Name _____ Employer Contact _____ Street Address _____ City _____ State _____ ZIP _____ Phone _____ FAX _____ Date Left Work _____ Date Returned to Work _____
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If self-employed, submit most recent income tax returns and other proof such as statements from those for whom work was performed showing amount(s) paid and date(s) worked for a period of at least 60 days prior to injury.

CLAIM AUTHORIZATION

Information Release: I hereby authorize any financial institution, any social service agency, any funeral provider, any insurance company, any medical or mental health service provider or any state or federal governmental agency to release information concerning my financial status to the ACVCC. I hereby authorize my employer or former employer to release my employment information to the ACVCC.

Criminal Background Check: I understand that as a victim/claimant, I will be subject to a criminal background check in order to verify my eligibility for compensation benefits.

Subrogation Agreement: I hereby agree to give the ACVCC written notice within 15 days of initiating any legal proceeding to recover restitution or damages that is related to my victimization. I agree to repay the ACVCC the amount of compensation that I have received in the event that my economic loss is recouped from any collateral source. I understand that failure to comply with this agreement may result in legal action being taken against me.

Service Provider Information Release: I hereby give permission to the ACVCC to release information or records about my application for assistance to service providers and their authorized representatives who represent information about the status of my pending claim. I understand that this release is for the limited purpose of helping service providers determine the status of the claim in order to receive payment for services rendered.

Sign here if you DO NOT authorize the release of status information to service provider(s).

Victim or Claimant Signature

Date

Authorized Parties: I hereby agree that the parties listed below are authorized to discuss this claim.

Name	Phone	Relationship	Name	Phone	Relationship

Are you a U.S. citizen? YES NO

Are you a legally present alien? YES NO

Are you a victim of human trafficking or domestic violence? YES NO

Therefore, I HEREBY AND FOREVER HOLD HARMLESS, the ACVCC and its authorized representatives and agents from any and all legal responsibility/liability which may arise from the release of any of the above information.

By signing this document I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that if there is any credible evidence that I submitted a false claim for grant funds I will be promptly referred to the United States Department of Justice, Office of Inspector General for investigation.

X

Victim or Claimant Signature

The victim must sign this authorization unless he/she is deceased, incapacitated, or a minor.
The person signing this authorization must be 19 or older.
The claimant (if other than victim) must be the person legally authorized to act on the behalf of the victim.
Documentation of this authority MUST be provided.

STATE OF _____)

_____ COUNTY

I, _____, a Notary Public in and for said County and State, hereby certify that, he/she, whose name is signed to the foregoing affidavit, and who is known to me, acknowledged before me on this date that, being informed of the contents of said affidavit, he or she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE at _____ County, State of _____, on this the _____ day of _____, 20_____.

Notary Public
My Commission expires: _____.

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Name: _____

Date of Birth: _____

Social Security Number: _____

* Submission of your social security number is voluntary. However, not having your social security number may slow processing of your claim.

1. I hereby authorize the Alabama Crime Victims' Compensation Commission (ACVCC) to obtain and use my health, medical, psychiatric and billing information for the purpose of processing my compensation claim.
2. I authorize any and all service providers, including physicians, hospitals, clinics, laboratories, psychologists, psychiatrists, nurses, physician assistants and counselors, to release my health, medical, psychiatric and billing information, which includes discharge summary, laboratory reports, history and physical, operative procedure, pathology reports and billing information to the ACVCC and its agents and employees who are acting within the scope of their employment.
3. I understand that this authorization is for any and all health, medical, psychiatric and billing information related to my victimization, which occurred on: _____
4. I understand that such medical records may contain information concerning psychological, drug, and/or alcohol conditions, and/or diagnosis, treatment and care of sexually transmitted diseases or complications related to the same, including but not limited to HIV testing and results. I understand that the health, medical, psychiatric and billing information to be released may be subject to re-disclosure by the recipient of the health, medical and billing information and no longer be protected by the Federal Privacy Rules.
5. I understand that this authorization is voluntary. I also understand that I may revoke this authorization at any time by notifying the ACVCC in writing. If I do revoke authorization, it will not have any effect on uses and disclosures made before the receipt of the revocation.
6. In the event that this authorization is being signed by a personal representative of the patient, a description of such individual's authority to do so must be attached to this document along with proper documentation of this authority.
7. This authorization shall be valid for the entire duration of the processing of my compensation claim at the ACVCC and shall terminate at such time the ACVCC has closed my compensation claim.

X

Patient Signature or Personal Representative

Date

Either the patient (victim) or their representative must sign and date this authorization.
If consideration of medical expenses is being requested.