

# MUNICIPAL VICTIM COMPENSATION PROGRAM

I, the applicant of the Littleton Victim Assistance Compensation Program, do hereby attest that all information given on this application is truthful and accurate to the best of my knowledge.

I hereby authorize the release of all information from my mental health service provider(s) and insurance company for the purpose of verifying the claims I have submitted. I understand that untruthful statements will disallow payment of my claims. I further understand that any award is subject to the availability of funds and the discretion of the board.

I hereby authorize the release of funds awarded to me under the Littleton Ordinance for Victim Assistance Compensation to be directly paid to the service provider(s) applicable to my claim.

I further agree that if, at a future date, I receive monies, relative to this matter, from any collateral source such as the offender, anyone on behalf of the offender or a government program, I will immediately notify the Littleton Victim Assistance Compensation Board and provide documentation to the office of such receipt. A determination will then be made as to whether reimbursement to the Littleton Victim Assistance Compensation Fund is required. I agree to promptly make any reimbursements required.

I am further aware that if I fail to cooperate and participate in the investigation and prosecution of the criminal case from which my losses were sustained, I will be ineligible for any further compensation monies and will be fully liable to reimburse the Littleton Victim Assistance Fund for any and all compensation awards received.

I certify that I have not received compensation for this damage from any other source.

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*Signature of Victim, Parent/Guardian*

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*Date*



**RETURN APPLICATION TO:**

Victim Assistance Program,  
Littleton Police Department  
2255 W. Berry Ave.  
Littleton, CO 80165  
303-795-3703



**City of Littleton**  
2255 West Berry Ave.  
Littleton, CO 80165  
[www.littletongov.org](http://www.littletongov.org)

If you have been the victim of a crime and as a result of that crime have sustained personal injury or property damage, you may be eligible for financial compensation. Funds for this program are collected through a surcharge on fines levied in Littleton Municipal Court. The Victim Compensation Board will consider applications from victims of criminal mischief, trespass, or other crimes on a case by case basis when the damages are not covered by insurance. If you have had expenses from any of the following, and have reported the crime to the police, you may be eligible to apply.

- Exterior damage to your auto not due to a traffic accident
- Towing or impound fees
- Exterior damage to residential property
- Mental health services
- Lost wages

If you are interested in applying for this assistance, please complete the application included in this brochure and mail it to: Littleton Victim Compensation Program 2255 W. Berry Ave., Littleton, CO 80165 For additional information, contact The Victim Assistance Program at 303-795-3703.

All decisions by the Victim Compensation Board are final.

## LITTLETON MUNICIPAL VICTIM COMPENSATION APPLICATION

2255 West Berry Ave., Littleton, CO 80165

Victim Assistance Program 303-795-3703

### THE APPLICANT MUST COMPLETE EVERY QUESTION

(Write N/A if the question is NOT APPLICABLE)

Victim Name: \_\_\_\_\_ Phone [H] \_\_\_\_\_

Date of Birth: \_\_\_\_\_ [W] \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ [C] \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Crime: \_\_\_\_\_ Case Number: \_\_\_\_\_

Suspect(s) \_\_\_\_\_ Relationship to Victim: \_\_\_\_\_

Briefly describe the crime: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF CLAIM: *Include copies of itemized bills with this application.*

\_\_\_\_ COUNSELING: Therapist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_ RESIDENTIAL PROPERTY: The program may reimburse for exterior property damage such as mailboxes & fences. Other requests will be considered on a case-by-case basis.

\_\_\_\_ VEHICLE: The program may only reimburse for exterior damage due to a crime and not a traffic accident. Reimbursement is limited to car windows and tires.

Windows: \$ \_\_\_\_\_ Tires: \$ \_\_\_\_\_ Auto Deductible: \$ \_\_\_\_\_

Towing/Impound Fees: \$ \_\_\_\_\_

\_\_\_\_ OTHER ITEMS: The program will consider other items on a case by case basis for extenuating circumstances.

\_\_\_\_\_

NECESSARY VICTIM INSURANCE INFORMATION:

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

RETURN APPLICATION TO: Victim Assistance Program, Littleton Police Department

2255 W. Berry Ave. Littleton, CO 80165

303-795-3703