



**Office of the Attorney General of Guam
Criminal Injuries Compensation Commission**



Guidelines for Applying for Crime Victim Compensation

An application must be completed and filled out for each victim. If the victim is a minor or incompetent adult, the person filling out the form for the victim must be an adult who is responsible for the victim's welfare. Please fill out this application as completely and accurately as possible. Claims will be thoroughly investigated and verified. Incomplete applications will be not processed.

You *may* qualify for financial assistance through Guam's Criminal Injuries Compensation Program if you satisfy the eligibility requirements as follows:

- a) You are filing this application within 18 months from date of injury, death or property damage;
- b) Arrest made *OR* crime reported to police without undue delay;
- c) The act or omission resulted in the death or injury to the victim;
- d) The crime occurred in Guam, *OR* if crime did not occur in Guam, Victim is a resident of Guam and place where crime occurred does not have a criminal injuries compensation program;
- e) The act or omission resulted from a violent crime enumerated in 8 G.C.A. § 161.55;

An initial review of eligibility will be conducted by the Criminal Injuries Compensation Program and ultimate determination of award will be made by the Criminal Injuries Compensation Commission pursuant to Guam law. The application is available at the Office of the Attorney General, Victim Service Center or on our website at www.guamag.org.

Completed applications can be mailed to:

The Office of the Attorney General of Guam
Criminal Injuries Compensation Commission
590 S. Marine Corps Drive, Suite 901
Tamuning, Guam 96931

Or contact us for assistance:

Nicole Borja, CICC Administrative Assistant
(671) 475-3324 ext. 5335
nborja@guamag.org

Joann Augustine, Victim Service Center Supervisor
(671) 475-2587 VSC Hotline / (671) 475-3324 ext. 6015
jaugustine@guamag.org

Received by:

CICC #:

Date Received:

Response Letter Date: (20 business days):

Criminal Injuries Compensation Commission
Violent Crimes as listed in 8 G.C.A. §161.55

The crimes to which this Chapter applies are the following:

- | | |
|---|-------------------|
| 1. Aggravated Murder | 9 G.C.A § 16.30 |
| 2. Murder | 9 G.C.A § 16.40 |
| 3. Manslaughter | 9 G.C.A § 16.50 |
| 4. Aggravated Assault | 9 G.C.A § 19.20 |
| 5. Assault | 9 G.C.A § 19.30 |
| 6. Kidnapping | 9 G.C.A § 22.20 |
| 7. Felonious Restraint | 9 G.C.A § 22.20 |
| 8. Child Stealing | 9 G.C.A § 22.40 |
| 9. Custodial Interference | 9 G.C.A § 22.50 |
| 10. Criminal Sexual Conduct (1 st degree felony) | 9 G.C.A § 25.15 |
| 11. Criminal Sexual Conduct (2 nd degree felony) | 9 G.C.A § 25.20 |
| 12. Criminal Sexual Conduct (3 rd degree felony) | 9 G.C.A § 25.25 |
| 13. Criminal Sexual Conduct (4 th degree felony) | 9 G.C.A § 25.30 |
| 14. Assault with Intent to Commit Criminal Sexual Conduct | 9 G.C.A § 25.35 |
| 15. Driving under the Influence of Alcohol and Controlled Substances | 16 G.C.A. § 18102 |
| 16. Conviction Involving a Child
(Provided a child under the age of 16 was injured as a result of an accident in which the vehicle operated by the person charged with the above violation was involved) | 16 G.C.A. § 18109 |
| 17. Vehicular Negligence with Injury to a Person Other than the Driver | 16 G.C.A. § 18110 |
| 18. Vehicular Homicide | 16 G.C.A. § 18111 |
| 19. Drinking While Driving a Motor Vehicle upon any Highway (provided a person other than the driver was injured as a result of such drinking) | 16 G.C.A. § 18119 |
| 20. Stalking | 9 G.C.A. § 19.70 |
| 21. Family Violence (3 rd degree felony) | 9 G.C.A. Ch. 30 |
| 22. Violation of Court Order (misdemeanor) | 9 G.C.A. Ch. 30 |

For the purpose of this Chapter, the operation of a motor vehicle, boat or aircraft that results in an injury or death shall not constitute a crime, unless the injuries were intentionally inflicted through the use of such vehicle, boat or aircraft or unless the conduct constitutes a violation of Title 16, Guam Code Annotated, § 18101, et seq. (Safe Streets Act)

Any fine imposed pursuant to Section 80.50 of [Title 9, Guam Code Annotated] for conviction of any crimes specified in Subsections (a)(1) through (14) and (20) and (21) of this Section shall be paid into the Criminal Injuries Compensation Fund established by Section 161.90 of this Chapter.



CRIMINAL INJURIES COMPENSATION APPLICATION FORM

CICC #:

Response Letter Date:

Rec'd by / Date Rec'd:

Date of Submission:	Assigned Advocate:
---------------------	--------------------

Section 1. Victim Information: (Person who was injured, deceased or property owner with damage)

First Name:	Middle Name:	Last Name:		
Mailing Address:	House/Apt#:	City:	State:	Zip Code:
Home Phone:	Work Phone:		Cell Phone:	
Physical Address:	Do you need the assistance of an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:	Date of Birth:		Driver's License Number:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	If Victim is deceased, date of death:			

Section 2. Applicant Information: (Complete this section if the victim is a minor, incapacitated or deceased)

First Name:	Middle Name:	Last Name:		
Mailing Address:	House/Apt#:	City:	State:	Zip Code:
Home Phone:	Work Phone:		Cell Phone:	
Physical Address:	Do you need the assistance of an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:	Date of Birth:		Driver's License Number:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Your Relationship to the Victim:			

Section 3. What kind of assistance are you applying for?

- Medical Expenses Funeral / Burial Expenses Loss of Wages/Support Property Damage
- Other: _____

Section 4. Optional Contact Person:

First Name:	Middle Name:	Last Name:
Contact Person's Number:	Relationship to Victim:	Email:

Section 5. Attorney Information:

Have you retained an attorney to advise you in this application for compensation?
 Yes No Undecided

If yes, name of attorney:	Contact Number:
---------------------------	-----------------

Section 6. Criminal Case Information:

Police Report # / Court Case #:	Name of Defendant:
Date of Incident:	State/Territory/Country where crime occurred:

Brief description of the incident:

Describe the injuries or financial loss resulting from the incident:

Section 7. Insurance Information:

Do you have medical and/or dental insurance?
 Yes No

If yes, name of Insurance Co./ Policy #:

If the crime involved your vehicle, have you filed a claim on your insurance? Yes No

If yes, name of Insurance Co./Policy #:

If the crime involved your vehicle, have you filed a claim on the offender's insurance? Yes No

If yes, name of Insurance Co./Policy #:

If the crime occurred in your home or on your property, have you filed a claim on your homeowner's insurance?
 Yes No

If yes, name of Insurance Co./Policy #:

If the crime occurred at your place of employment, have you filed a Workman's Compensation claim?
 Yes No

If yes, Workman's Compensation Claim #:

Have you received or expect to receive any payment as a result of this crime?
 Yes No

If yes, source _____ Amount \$ _____

Section 8. Federal Inquiry Pursuant to 42 U.S.C. Section 10602(b)(8):

Have you ever been convicted of a federal crime?
 Yes No

If yes, were you ordered by the Court/Judge to pay fines and/or restitution? Yes No

If yes, are you current in paying your fines and/or restitution?
 Yes No

Case No.:

Assigned Probation Officer:

Section 9. Optional for Statistical Purposes Only:

Is the victim disabled? Yes No

If yes, was the victim disabled prior to the incident? Yes No

Ethnicity of victim? Chamorro FSM (please specify) : _____ Caucasian

Filipino Asian (please specify) : _____ Other: _____

Section 10. Information Release:

The Criminal Injuries Compensation Commission is required to investigate all information provided in the application for compensation pursuant to 8 G.C.A. Chapter 161. This authorization to disclose records will be used to gather pertinent information from law enforcement, employment, insurance, financial and medical facilities and all other providers listed in this application, to determine whether the applicant is eligible to receive compensation. All Information, documentation and statements attached to this application shall remain confidential, unless otherwise required by law.

Applicant: _____ Date/ Time: _____
(Print & Sign)

Section 11. My Promise to the Program:

As required by Guam law, I will contact and repay the Criminal Injuries Compensation Program if I, or anyone on my behalf, receives from any source (*i.e.* from the offender or from any person on behalf of the offender, or from public or private funds, and which amounts or benefits result from or are in any manner, directly or indirectly, attributable to the injury or death which gave rise to the award). Repayment includes, but is not limited to the following: (a) restitution payments, (b) medical insurance, (c) car insurance, etc. The Commission will not deduct death benefits received or insurance policy benefits covering the life of a deceased victim. I understand I may be responsible for repaying the Criminal Injuries Compensation Fund any amount for which is later determined that I was not eligible. *8 G.C.A. § 161.100.*

I declare under penalty of perjury under the laws of Guam that all information I have provided is true, correct and completed to the best of my knowledge and belief. I understand that I may be found ineligible for benefits, and that action may be taken to recover benefits I receive if I provide information that is false, intentionally incomplete or misleading.

Applicant: _____ Date/ Time: _____
(Print & Sign)

The Criminal Injuries Compensation Program operates pursuant to Guam Law, the Victims of Crime Act of 1984 (VOCA), codified at 42 U.S.C. §§ 10601-10605, and all other relevant federal laws.