



OFFICE OF SALINE COUNTY ATTORNEY

Jeff Ebel
300 West Ash, Room 302
Salina, Kansas 67401-5040

(785) 309-5815
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VICTIM SERVICES

Lauren Hulteen
Restitution/Checks
Jay Rector
Investigations
Kaleigh Sanders
Victim Witness
Kelly Polson
Trial Assistant

APPLICATION FOR CRIME VICTIM FUND

VICTIM NAME: _____

ADDRESS: _____

CITY, STATE: _____

TELEPHONE: _____

MONTHLY INCOME OF HOUSEHOLD: _____

NO. OF PERSONS IN HOUSEHOLD: _____

NO. OF DEPENDENTS: _____ AGES: _____

DATE OF INCIDENT: _____ SUSPECT: _____

BRIEFLY DESCRIBE THE CRIME:

BRIEFLY DESCRIBE THE MONETARY LOSS:***

*****Please provide estimates, bills, receipts for all loss.**

Do you have insurance that might cover this loss? _____

INSURANCE INFORMATION: Provide proof of insurance

Company Name: _____

Policy No. _____

Type of Coverage: Full deductible amount _____

Liability only _____

RELEASE OF RECORDS AUTHORIZATION

I hereby authorize any hospital, physician or other person who attended or examined me, or other person who rendered services, any employer or victim, any police or other local, state or federal governmental agency including state and federal revenue sources, any insurance company or organization having knowledge to furnish the Saline County Reparation Fund or its representative, any and all loss and the claim made for compensation. A photocopy of this authorization is effective and valid as the original.

I hereby swear that all the above statements are true to the best of my knowledge and belief. I promise to repay the Saline County Reparation Fund if I receive payment for the same items from the person who committed the crime, from the insurance or from any governmental agency or other source.

Signature

Date

PLEASE RETURN THIS FORM TO:

Saline County Attorney's Office
Crime Victim Reparation Fund
300 West Ash, Room 302
P.O. Box 5040
Salina, KS 67402-5040

(785) 309-5815