

**Application for Victims witnessing Von Maur shooting (December 2007)**

**Section 1. VICTIM INFORMATION** (All applicants must complete this section.)

Name (Last)	(First)	Middle Initial	Social Security Number	
<hr/>				
Street or Other Mailing Address		City	State	Zip Code
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Telephone Number	Age at Time of Incident		Sex:	
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**Section 2. CLAIMANT INFORMATION** Complete this section if you are filing the claim for a victim who is incapable, or a minor (under age 18).

Name (Last)	(First)	Middle Initial		
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Street or Other Mailing Address		City	State	Zip Code
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Telephone Number				
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Your Relationship to the Victim: Spouse Parent Child Other (Explain)				
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**Section 3. AMOUNT OF YOUR CLAIM** (All applicants must complete this section.)

You must **submit itemized copies of all applicable bills** for counseling related only to this specific crime. If claim is approved you will be reimbursed only for those expenses incurred which are not paid by another source, such as insurance. The maximum amount that can be paid per claimant is \$2,000.

TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_

**Section 4. Important – Read carefully**

This authorization is an integral part of your application and must be completed and signed before any action will be taken on your claim.

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize any mental health provider or other person who attended, examined, or rendered services to the victim and any insurance company or organization having knowledge to furnish the Nebraska Crime Victim’s Reparations program or its representative information with respect to the incident for the purpose of verifying the claim I have submitted. A photocopy of this signed release is as effective and valid as the original.

I furthermore understand that any recovery of my losses through insurance or from any other governmental or private agency shall entitle the Nebraska Crime Victim’s Reparations program to be reimbursed for any compensation awarded me by the Nebraska Crime Victim’s Reparations program. The undersigned swears or affirms the information contained herein is true to his/her best knowledge. I understand that the filing of false information is an offense punishable by law.

As an applicant, you are advised that, if your Crime Victim’s Compensation claim is denied, you have the right to request a hearing before the Nebraska Crime Victim’s Compensation Committee.

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**Victim or Claimant Signature**

(Parent/Guardian if Victim/Claimant/dependent is a minor)

**Return this form to: Nebraska Crime Commission  
301 Centennial Mall South  
P.O. Box 94946  
Lincoln, NE 68509-4946**

**If you need help or have questions, please call (402) 471-2828**