Rules of
Department of Labor and Industrial Relations
Division 50—Workers’ Compensation
Chapter 6—Crime Victims

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Title 8—DEPARTMENT OF
LABOR AND INDUSTRIAL
RELATIONS
Division 50—Workers' Compensation
Chapter 6—Crime Victims

8 CSR 50-6.010 Rules Governing Crime Victims

PURPOSE: This rule sets forth requirements for filing and pursuing claims under Chapter 595 of the Revised
Statutes of Missouri.

(1) Compliance with and Suspension of Rules. All parties seeking action of the Division of Workers' Compensation, referred to in this rule
as the division, shall comply with these rules, unless in its judgement, the division determines that compliance with any of the rules
under particular circumstances will result in injustice to any party. Rules therefore may be suspended at the discretion of the division and
additional evidence received or cases scheduled out of their regular order.

(2) Terms Defined. Terms defined in Chapter 595 have the same meaning when used in these rules.

(3) Filing.
(A) In addition to all other statutory requisites, claims must be filed on official Application for Compensation (CV-1) forms with the
Crime Victims' Unit at the Jefferson City office of the division within one (1) year of the date of the crime.
(B) Formal claim will not be considered as filed until the application form has been completed in its entirety and date-stamped by
the division.
(C) All communications, documents and letters shall be filed with this office.
(D) All forms, reports, letters and other documents filed by the claimant must be original documents unless this requirement is
waived by the division.
(E) The claimant shall be responsible for proving to the satisfaction of the division, by a preponderance of evidence, that the injuries or
death giving rise to the application arose from a crime which was promptly reported to a proper law enforcement agency; the extent
of out-of-pocket losses sustained as a direct result of the crime; and that the victim, by his/her acts, did not contribute to the injuries
suffered.
(F) The claimant shall file with the division current medical reports covering treatment, diagnosis and prognosis, including an estimate
of any permanent injury impairing claimant's ability to secure gainful employment.

(G) Claimant shall produce legible identical copies of all bills and documents supporting the payment of all unreimbursed expenses and
wage losses or loss of support incurred.

(H) Following the initial filing of a claim, if a claimant fails to take further steps to support or perfect the claim as may be required
by the division within thirty (30) days after written notice of the requirement is sent by the division to the claimant, the claimant shall
be deemed in default. If the claimant is in default, the division shall notify the claimant that the claim is denied and the claimant shall
be forever barred from reasserting it; however, the division may reopen the proceeding upon a showing by the claimant that the failure to
do the acts required by the division was beyond the control of the claimant.
(I) All communications from the division to the claimant will be sent to the claimant's last known address. The claimant must promptly
advise the division of any change in address.

(4) Death Cases.
(A) The division may require an autopsy report. Refusal to allow an autopsy may be cause for denial of benefits.
(B) Claimant must file a Death Certificate.
(C) Claimant must file a Birth Certificate for each child for whom compensation is sought as a dependent of the victim.
(D) Claimant must provide documentable evidence of support when a claim is being made for loss of support.

(5) Public Inspection of Documents.
(A) A request to inspect or receive copies of any document in the possession of the division as a result of a claim made under the Crime
Victims Law shall be in writing.
(B) The charge for copies shall be fifty cents (50¢) per page.
(C) Persons inspecting documents shall not alter, deface or mark the documents in any manner.

(6) Suspension of Proceedings. The division may suspend all proceedings pending disposition of a criminal prosecution.

(7) Cooperation.
(A) Claimant shall cooperate with any law enforcement agency investigating the crime giving rise to the claim. Refusal to cooperate
may result in the denial of the claim.
(B) All claimants must fully cooperate with investigators or representatives of the division in order to be eligible for an award. In the event
that cooperation is refused or denied, the division may deny a claim for lack of cooperation.

(8) Contribution.
(A) Contribution is determined by the action portrayed by the victim at the time of or immediately preceding the crime. If it appears
that the victim was provoked by the defendant in a manner threatening bodily harm to the victim and the victim acted in self-defense, no
contribution shall be assessed.

(B) The actions of the victim will be examined to find if the victim was involved in an illegal act in which there is a direct
relationship between the illegal act and the infliction of the injuries to the victim. If a finding is made, then the amount of the award
will be reduced or the claim will be denied. The division may disregard the responsibility of the victim for his/her own injury where the
responsibility was attributable to efforts by the victim to aid a victim or to prevent a crime or an attempted crime from occurring in his/her
presence or to apprehend a person who had committed a crime in his/her presence or, in fact, had committed a felony.

(9) Unjust Enrichment.
(A) In determining whether a compensation award can be made without unjustly enriching an offender, the division shall evaluate
whether the victim has reported the crime and is cooperating with the criminal justice system in the investigation and prosecution of the
crime, and whether the victim will do what is possible to prevent access by the offender to compensation paid to the victim. If the
victim is cooperating fully and if the offender will not benefit from or have access to a substantial portion of any cash award made
by the division to the victim, then the award shall not be denied on the basis that the offender would be unjustly enriched.

(B) An unjust enrichment determination shall not be based solely on the presence of the offender in the household at the time of
the award. The presence of the offender in the household is only one factor to be considered in determining unjust enrichment, and it is
necessary to make a case-by-case determination of whether the offender will be unjustly enriched, according to the facts of each situation.

(C) In determining whether enrichment is substantial or inconsequential, factors to be considered include the amount of the award
and whether a substantial portion of the compensation award will be used directly by or on behalf of the offender. If the offender
has direct access to a cash award and/or if a substantial portion of it will be used to pay for his/her living expenses, that portion of the
award that will substantially benefit the offender may be reduced or denied. When enrichment is inconsequential or minimal, the
award shall not be reduced or denied. It should
be remembered, however, that a portion of an award that may pay for some of the offender's living expenses, such as rent, may also be paying for the same essential needs of the victim and the victim's dependents.

(D) Collateral resources available to the victim from the offender shall be examined. Collateral resources may include court-ordered restitution, an offending spouse's medical insurance or other resources of the offender available to cover the victim's expenses. In evaluating the availability of collateral resources, a determination shall be made first as to whether the offender has a legal responsibility to pay; second, whether the offender has resources to pay; and third, whether payment is likely. The victim shall not be penalized for the failure of an offender to meet legal obligations to pay for the costs of the victim's recovery. If the offender fails to meet legal responsibilities to pay restitution or collateral resources are not available to cover a spouse's or child's expenses, the division may pursue whatever actions are appropriate to seek reimbursement from the offender. The division shall ensure that the program is subrogated to any restitution the offender may owe to the victim.

(E) Payments shall be made to third-party providers to prevent cash intended to pay for the victim's expenses to be used by or on behalf of the offender.

(F) With regard to claims from or on behalf of abused children, the division shall not penalize child victims by denying or delaying payment when the offender is not meeting legal obligations or collateral resources are not forthcoming. Third-party payments shall be used whenever possible to prevent or minimize unjust enrichment of offenders living with abused children. The division may also consider establishment of a trust arrangement to guarantee that the award is used for the purposes it is intended.

(10) Award.
(A) All awards shall be one (1) time payments, including payments made for medical care or other services necessary as a result of the injury, with the exception of mental health treatment or extended medical treatment which may be made in multiple payments;
(B) When disbursing an award, the division shall apply the proceeds of the award in the following order:
1. Reasonable attorney fees as determined by the division;
2. Outstanding medical and funeral expenses;
3. Reimbursement for compensable out-of-pocket expenses;
4. Loss of income the victim would have earned had the victim not been injured; and
5. Loss of financial support that the victim would have supplied to legal dependents had the victim not died.

(C) If the expenses in paragraph (10)(B)2. of this rule exceed the total amount of the award, the division shall prorate the award among the providers that category after fees outlined in paragraph (10)(B)1. have been deducted.
(D) If the recipient of an award is a minor, the division may require that a guardianship be established and the award be delivered to the guardian of the minor's estate.
(E) In determining whether to award loss of income to a dependent of a victim who has died or an injured victim, the following factors may be considered by the division:
1. Whether the victim was employed at the time of the injury or death; and
2. If the victim was self-employed, federal income tax returns and any estimated returns for the year of the crime.

(F) In no case will an award for loss of income be made without substantial proof of earnings at the time of the crime on which the claim is based.

(G) The division will make an emergency award only upon a showing of dire necessity. The claimant must request, in writing, an emergency award when submitting his/her application form and show just cause as to why an award should be considered. No award will be made until the police report is acquired.

(11) Claim Filed.
(A) Upon receipt of an Application for Compensation on Form CV-1, the division will assign the case for investigation.
(B) After the investigation is completed and necessary documents are filed, the division may issue an administrative decision offering a settlement based upon its opinion as to the dollar value of the claim or deny the claim based upon the provisions outlined in Chapter 505.

(12) Procedure.
(A) Claimant may accept the offer of settlement as long as it remains open.
(B) If the claimant disagrees with the decision of the division, he/she may appeal the decision to the commissioner of the division.
(C) The division shall make a written report and shall submit the division to the commissioner of the division in Jefferson City.
(D) The request for the conference must be made within thirty (30) days of the date of the decision of the division.
Chapter 6—Crime Victims

STATE OF MISSOURI
DIVISION OF WORKERS' COMPENSATION
APPLICATION FOR CRIME VICTIMS' COMPENSATION

<table>
<thead>
<tr>
<th>TYPE OF APPLICATION</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK ONE</td>
<td>1. Type or Print clearly in ink.</td>
</tr>
<tr>
<td>VICTIM CLAIM</td>
<td>2. Last page of this form must be signed.</td>
</tr>
<tr>
<td>SURVIVOR CLAIM</td>
<td>3. If applicant is a minor or incompetent person, application MUST be made by a parent or guardian.</td>
</tr>
<tr>
<td>(VICTIM SPECIFIED)</td>
<td>4. If question is NOT APPLICABLE, answer with N/A.</td>
</tr>
</tbody>
</table>

MAILING ADDRESS: CRIME VICTIMS' COMPENSATION
P.O. BOX 58, JEFFERSON CITY, MISSOURI 65102
TELEPHONE NUMBER: (314) 751-4231
FOR THIS APPLICATION AND ALL CORRESPONDENCE

HOW DID YOU FIND OUT ABOUT THE CRIME VICTIMS' COMPENSATION PROGRAM?
- [ ] POLICE
- [ ] PUBLIC SERVICE ANNOUNCEMENT
- [ ] HOSPITAL
- [ ] PROSECUTOR
- [ ] VICTIM ASSISTANCE PROGRAM
- [ ] POSTER/BROCHURE
- [ ] OTHER (PLEASE SPECIFY)

SECTION I  CLAIMANT INFORMATION  (IF SOMEONE OTHER THAN VICTIM IS FILING CLAIM)

NAME OF CLAIMANT (Last, First and Middle)  SOCIAL SECURITY NO.

STREET ADDRESS  CITY  STATE  ZIP CODE

RELATION TO VICTIM  HOME TELEPHONE NO.  WORK TELEPHONE NO.

BIRTHDATE

AGE

SEX
- [ ] MALE
- [ ] FEMALE

MARRITAL STATUS
- [ ] SINGLE
- [ ] MARRIED
- [ ] SEPARATED
- [ ] WIDOWED

SECTION II  VICTIM INFORMATION

NAME OF VICTIM (Last, First and Middle)  SOCIAL SECURITY NO.

CURRENT STREET ADDRESS  CITY  STATE  ZIP CODE

ADDRESS AT TIME OF CRIME (IF DIFFERENT FROM ABOVE)  HOME TELEPHONE NO.  WORK TELEPHONE NO.

BIRTHDATE

AGE

SEX
- [ ] MALE
- [ ] FEMALE

MARRITAL STATUS
- [ ] SINGLE
- [ ] MARRIED
- [ ] SEPARATED
- [ ] WIDOWED

RACE ETHNIC (Check One)*

- [ ] 1. WHITE
- [ ] 2. BLACK
- [ ] 3. HISPANIC
- [ ] 4. AMERICAN INDIAN/ALASKAN NATIVE
- [ ] 5. ASIAN PACIFIC ISLANDER
- [ ] 6. OTHER

HANDICAPPED* (Explain)
- [ ] YES
- [ ] NO

NATIONAL ORIGIN*

IS VICTIM DECEASED?
- [ ] YES
- [ ] NO

*This information is requested solely for compliance with Federal Civil Rights under Section 1407(c) of the Victims of Crimes Act of 1984. It will be used only for statistical purposes.

NOTE: APPLICATION MUST BE SIGNED ON BACK PAGE.
### SECTION III  CRIME INFORMATION

<table>
<thead>
<tr>
<th>TYPE OF CRIME:</th>
<th>☐ ASSAULT</th>
<th>☐ SEXUAL OFFENSE</th>
<th>☐ VEHICULAR</th>
<th>☐ MURDER</th>
<th>☐ OTHER</th>
</tr>
</thead>
</table>

**BRIEF DESCRIPTION OF CRIME:**

<table>
<thead>
<tr>
<th>DATE CRIME OCCURRED</th>
<th>PLACE OF CRIME: STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>COUNTY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE CRIME WAS REPORTED</th>
<th>HAS ARREST BEEN MADE?</th>
<th>DATE OF ARREST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF POLICE DEPARTMENT:**

<table>
<thead>
<tr>
<th>WHO COMMITTED THE CRIME? (IF KNOWN)</th>
<th>POLICE REPORT NUMBER</th>
<th>DOCKET NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DID VICTIM KNOW THE PERSON WHO COMMITTED THE CRIME?</th>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**IF YES, IN WHAT WAY?**

<table>
<thead>
<tr>
<th>WAS VICTIM RELATED TO THE PERSON WHO COMMITTED THE CRIME?</th>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**IF YES, IN WHAT WAY?**

<table>
<thead>
<tr>
<th>WAS VICTIM LIVING IN THE SAME HOUSEHOLD AS THE PERSON WHO COMMITTED THE CRIME AT THE TIME OF THE CRIME?</th>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**IF YES, IS VICTIM STILL LIVING IN SAME HOUSE AS OFFENDER?**

### RESTITUTION

**IF THE COURT HAS ORDERED THE OFFENDER TO MAKE RESTITUTION TO YOU (PAY YOU), COMPLETE THE FOLLOWING:**

- **RESTITUTION ORDER DATE**: ______________
- **AMOUNT $**: ______________
- **HOW IT IS TO BE PAID**: ______________
- **JUDGE**: ______________

### SECTION IV  WAGE LOSS/LOSS OF SUPPORT

**WAS VICTIM EMPLOYED AT TIME OF CRIME?**

<table>
<thead>
<tr>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**VICTIM'S EMPLOYER AT TIME OF CRIME?**

<table>
<thead>
<tr>
<th>VICTIM'S EMPLOYER ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**VICTIM'S NET (TAKE HOME) EARNINGS OR INCOME AT TIME OF CRIME (INCLUDE TIPS AND BONUS):**

<table>
<thead>
<tr>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**IF VICTIM WAS SELF-EMPLOYED SUBMIT MOST RECENT INCOME TAX RETURN AND OTHER PROOF SUCH AS STATEMENTS FROM THOSE FOR WHOM VICTIM WORKED SHOWING AMOUNT(S) PAID AND DATE(S) FOR A PERIOD OF AT LEAST 60 DAYS PRIOR TO INJURY.**

<table>
<thead>
<tr>
<th>AMOUNT $ PER WEEK</th>
</tr>
</thead>
</table>

**DATE LEFT WORK DUE TO CRIME**: (MONTH, DAY, YEAR)

<table>
<thead>
<tr>
<th>DATE RETURNED TO WORK: (MONTH, DAY, YEAR)</th>
</tr>
</thead>
</table>

**DAYS OFF FOR WHICH VICTIM RECEIVED COMPENSATION IN THE FORM OF ACCRUED SICK/VACATION LEAVE**:

<table>
<thead>
<tr>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**WAS THE CRIME WORK-RELATED?**

<table>
<thead>
<tr>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**IF YES, HAS THE VICTIM APPLIED FOR WORKMAN'S COMPENSATION OR OTHER EMPLOYER BENEFITS?**

<table>
<thead>
<tr>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**IF YES, PLEASE DESCRIBE:**

**ARE YOU RECEIVING OR HAVE YOU RECEIVED ACCIDENT OR DISABILITY BENEFITS FROM YOUR EMPLOYER AS A RESULT OF THIS INJURY?**

<table>
<thead>
<tr>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

**DOCTOR WHO CAN VERIFY LENGTH OF DISABILITY TO WORK**

<table>
<thead>
<tr>
<th>DOCTOR'S NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>TELEPHONE NO.</th>
</tr>
</thead>
</table>

**MO 825-0302 (1/86)**

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**Chapter 6—Crime Victims**

**8 CSR 50-6**

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**Roy D. Blunt**

Secretary of State
### Section V: Medical (Including Psychological) Expenses

<table>
<thead>
<tr>
<th>Name of Doctor, Hospital, or Other Provider of Service</th>
<th>Account Number</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Will There Be More Bills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Section VI: Funeral Expenses

(Attach Copy of Death Certificate and Funeral Bill)

Will Dependent(s) receive funeral benefits from the following? Yes | No
Social Security | $ |
Workers' Compensation | $ |
Other (Specify) | $ |
Name of Funeral Home | Street Address | City | State | Zip Code | Phone |
Amount of Funeral and Burial Expenses | $ |
Have Burial Expenses Been Paid? Yes | No | Partial ($ ) |
Name | Street Address | City | State | Zip Code | Phone |
Will Dependent(s) receive any accident or life insurance? Yes | No
Name of Company | Amount | Beneficiary

### Section VII: Insurance and Other Collateral Source Information

Indicate below if any sources are paying or will pay any of the above expenses.

- [ ] Health Insurance
- [ ] Veterans Administration
- [x] Workers' Compensation
- [ ] Public Assistance
- [ ] Medicaid
- [ ] Medicare
- [ ] Other

Did you receive compensation while off work? Yes | No

<table>
<thead>
<tr>
<th>Amount Per Week</th>
<th>From (Date) Month/Day/Year</th>
<th>To (Date) Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers' Compensation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Private Health Plan</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Sick Leave</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Employer's Group Health Plan</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Disability Pay</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

NO RS 005 (12/98)
INSURANCE INFORMATION - COMPLETE THIS SECTION ONLY FOR MOTOR VEHICLE CLAIM

Does convicted operator have liability insurance coverage on auto?  □ Yes  □ No

Street Address  City  State  Zip Code  Policy No.

Does the victim have uninsured motorist insurance coverage on auto?  □ Yes  □ No

Street Address  City  State  Zip Code  Policy No.

Has settlement been made with carrier?  □ Yes  □ No  □ Other

SECTION VIII OTHER INFORMATION

Is the victim or claimant considering a civil action against the offender or some other third party for damages claimed herein?  □ Yes  □ No  □ Other

Please use this space for any further information you wish to bring to the attention of the Crime Victims' Compensation Commission.

ATTORNEY INFORMATION

If the claimant is represented by an attorney in applying for benefits under this program, please complete the following:

Attorney's Name (Last, First, Mi.)  Telephone Number

Address  City  State  Zip Code

Authorization for release of information to conduct an investigation, to make payments directly to suppliers and assignment of subrogation rights

I give permission to any hospital, doctor, law enforcement agency, employer, welfare or social agency, or any federal, state or local government agency to release all records and information that will help the Missouri Crime Victims' Compensation Unit to process my claim for reparations and to allow copies of such records to be made and to answer any questions made by or on behalf of the Missouri Crime Victims' Compensation.

I understand that after receiving this form the Missouri Crime Victims' Compensation Unit will investigate the truth of the information given on this form and other matters regarding this claim, and I consent to such investigation. This authorization is valid for two years from the date given below.

I acknowledge and agree that all or any part of any reparations awarded may be paid directly to any supplier of goods or services on my behalf.

I further acknowledge and agree that the State of Missouri is subrogated, to the extent of any reparations awarded to me, to all the claimant's rights to recover benefits or advantages for economic loss from a source which is, or if readily available to the victim or claimant would be, a collateral source, and I hereby assign such rights to the State of Missouri so that they may protect their subrogation rights, and agree to assist the state in pursuing its subrogation right.

I agree to notify the Division if I retain an attorney to represent me in a lawsuit related to this crime.

I certify that I have read and understand the statements above; and that the information I have given is true and correct to the best of my knowledge and belief.

Signature of Claimant  Date

MD 025-3032 (12-89)