

Below is an application for Crime Victim Compensation. Please print this page and mail it to the following address:

**Iowa Attorney General's Office
Crime Victim Assistance Division
Lucas Building, Ground Floor
Des Moines, Iowa 50319**

You can also fax the application to (515) 281-8199. Or you can call (515) 281-5044 or toll free (800) 373-5044 and file an application by telephone.

**APPLICATION FOR CRIME VICTIM COMPENSATION
(PLEASE PRINT CLEARLY)**

Victim's Name _____

Type of Crime _____

Address _____

(Note: The Crime Victim Compensation Program will send mail to this address. If you do not want mail sent to your home address, please provide an alternative mailing address.)

City/State _____ Zip _____

Daytime Phone _____

Parent/Guardian name _____

Your relationship to victim _____
(If victim is minor, deceased or Dependent Adult)

Victim's date of birth ___/___/___

Social Security # _____
Parents SS # if the victim is a minor

Law enforcement agency crime reported to _____

Case no. _____

Location of crime _____

Investigating Officer _____

Date of crime _____ Date crime reported _____

Date crime discovered _____