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| --- | --- | --- |
| **Category/Type** | **Maximum Amount‡‡ ($50,000 total)** | **Documentation Needed** |
| Funeral/ Burial Expenses | $7500 maximum | 1. Receipts of all expenses paid
 |
| Evidence Replacement, Clothing Damaged Resulting from Medical Treatment | $750 Maximum | 1. An itemized list including the estimated value for each item
2. For items taken as evidence, a receipt from law enforcement stating the claimed property is in their possession
 |
| Medical / Related Expenses(Medication, Medical and/or Counseling Expenses, Physical Therapy, etc.) | N/A | 1. Itemized copies of related medical bills listing all charges, payments, and adjustments
2. An OAG**🙕**medical information report completed by each doctor providing on-going treatment**\***
3. Signed and dated HIPAA compliant authorization release**\*†**
 |
| Counseling Expenses for Family Members | $2500 Maximum Per Immediate Family Member; $7500 Maximum per Claim | 1. Signed and dated psychotherapy release for EACH family member seeking counseling
2. Itemized copies of related counseling bills listing all charges, payments, and adjustments
3. An OAG mental health report completed by each provider who has provided treatment as a result of this crime
 |
| Lost Wages | N/A | 1. An OAG employment information report, completed by the employer
2. Copies of paychecks for 6 weeks prior to the crime
3. A disability statement from a medical or counseling provider certifying the applicant’s work loss
4. If lost wages due to attending court, letter or note from the court verifying attendance
 |
| Lost Wages for Self-Employed Persons | N/A | 1. Complete Tax Returns for the year prior to the incident, and if available, the year of the incident
2. An OAG self-employed applicant’s information form
3. If lost wages due to attending court, letter or note from the court verifying attendance
 |
| Crime Scene Cleanup/ Repair for Safety | $750 Maximum | 1. Contracts/receipts for cleanup expenses
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| Mileage Expenses | N/A | 1. List including the following for each trip: date, distance traveled, origination address, destination address
2. Bill or letter from provider/court verifying dates of treatment or court attendance
 |
| Replacement Services | N/A | 1. Name, address, phone number for each person providing replacement services
2. List of services provided with the date of service, amount paid, documentation of payment (e.g. cancelled checks)
3. Statement from a doctor supporting the need for replacement services
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| Attorney Fees for Obtaining a Civil Protection Order | $1000 Maximum, paid to attorney at a rate of $100 per hour | 1. Attorney will submit bill and any required documentation to OAG
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**🙕**OAG=Ohio Attorney General

**\*** <http://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-Victims/2011-3-25_PerfectedClaimsChecklistForms_CV-pdf.aspx>

**†** Your medical provider may require a special authorization release form.

**‡‡** Maximum total payments limited to $50,000. The total award must be $50 or more before payment is made.