



# Crime Victim Compensation Eighth Judicial District

201 LaPorte Avenue Ste 200  
Fort Collins CO 80521  
970-498-7290  
[www.larimer.org/da/vicwit/compensation.htm](http://www.larimer.org/da/vicwit/compensation.htm)

## TREATMENT PLAN

### **IMPORTANT:**

1. **THIS FORM MUST BE TYPEWRITTEN.**
2. **This form can be sent to you on C.D. from the District Attorney's or it can be sent to you via e-mail.**
3. **For confidentiality purposes, please mail back the treatment plan.**
4. **Completion of this form does not guarantee approval of funds.**
5. **A separate report form must be completed for each client. Please save this template for future use.**

### **Client Information:**

Name	Claim Number	Date of Birth	
Address	City	State	Zip
Phone			
Type of Crime			
Insurance Information: Insurance company, deductible, copay, etc.			

### **Provider Information:**

Name	Agency (if applicable)			License Number
Address	City	ST	Zip	Phone
Email Address	Do you accept the victim's insurance?			

### **Return this form to:**

Victim Compensation, 201 La Porte Avenue, Suite 200 • Ft. Collins, CO 80521-2763 • (970) 498-7290 • Fax: (970) 498-7250

1. List any pre-existing issues affected or discovered due to the crime against the victim and how these will be addressed. Focus of treatment is to be on <u>current</u> crime related injury.
2. What is client's account, as told to you, of the victimization?
3. Analysis of impact of current victimization on client.

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6. Please provide the board with the following information. Please note goals must relate only to the effects of the current victimization. Goals and objectives must be short term, concrete and achievable. Please list as many goals and objectives that are needed to present a clear picture of how you will be addressing the client's needs while under your care.

Goal:

Objective:

Modality:

Target Date:

Est. Cost:

**Please use additional sheet if necessary.**

7. Other relevant information that may help the Crime Victim Compensation Board to evaluate this client's treatment plan.

8. Estimate the number of office visits to be held:

Date of your first office visit with victim

9. As Crime Victim Compensation Funds are only available up to a limited amount. What plans have you made with this client if treatment needs exceed this support? Please refer to current guidelines or call the Crime Victim Compensation Program for maximum award limits.

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I understand, swear, and affirm under penalty of perjury the following statements are true and correct to the best of my knowledge and belief:

- The treatment plan submitted and subsequent treatment billed to Crime Victim Compensation is directly related to the crime in which the claim has been approved.
- The Crime Victim Compensation Board will not be billed for missed/cancelled appointments, trial attendance, report writing, or any appointment not directly related to the crime in which the claim has been approved.
- Crime Victim Compensation is, by state law, the payor of last resort.
- I will apply for any primary insurance benefits if applicable.
- I shall reimburse the fund up to the total amount of compensation benefits paid which in fact were covered by other means.

\_\_\_\_\_  
Printed Name and License #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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