

CALCULATING BENEFITS: LOST WAGES AND SUPPORT, AND OTHER COST ITEMS

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“In order to be eligible for loss of earnings, the victim must demonstrate that, as a direct result of injuries caused by the crime, he/she is medically disabled from working and, further, the exact number of weeks for which he/she will be disabled from working.”

“An award for loss of earnings shall be based on the victim’s actual earnings at the time of the crime. If the victim was performing salaried employment at the time of the crime, the award shall be based on the victim’s salary at the time of the crime.”

LOST WAGES



Affidavit of Medical Disability

- ▶ “Upon request by the office, the Applicant must provide:
 - 1) verification from his/her employer (or, if self-employed, from his/her own income tax records) that he/she was employed at the time of the crime; and of the dates he/she was absent from work, his/her net weekly earnings at the time of the crime, and any sick and/or vacation benefits used in his/her absence;
 - 2) proof of employment and earnings history for one year preceding the crime”

CALCULATING LOST WAGES

AFFIDAVIT OF MEDICAL DISABILITY AND INCOME RECEIVED

I hereby affirm under penalty of perjury the following declarations:

- 1) I have been found to be medically disabled as a result of injuries sustained during the crime on the above-captioned crime date.
- 2) **My disability period is as follows: from** / / **to** / /
- 3) I am seeking compensation for loss of earnings during this disability period.
- 4) I have applied for or received the following income during the disability period: *(Please initial)*
 - a) Employment wages (vacation, sick pay, personal time): _____
 - b) Temporary Disability Insurance (TDI): _____
 - c) Social Security benefits: _____
 - d) Workers' Compensation: _____
 - e) Disability Insurance (Aflac, MetLife, Mutual of Omaha, etc.): _____
 - f) Unemployment _____
 - g) Other: _____
- 5) I know that if I receive *any* income, I must report it to the Crime Victim Compensation Program.
- 6) **I must submit a copy of my tax return for the year the crime happened. If that year is not yet available, I must submit tax return for previous year. If I am self-employed, I must submit copies of my tax returns for the last three years.**

I understand that RI General Laws Section 12-25-23 (c) states that any person who (1) submits a false or fraudulent application; (2) intentionally makes or causes to be made any false statement or representation of a material fact in relation to any claim pending before the office; or (3) intentionally conceals or fails to disclose information affecting the amount or the initial or continued right to any award; shall be punished by a fine of not more than one thousand dollars (\$1,000) or imprisonment for not more than six (6) months, or both.

I swear this to be the truth.

Signature of Applicant

Sworn to before me in the city/town of _____ State of Rhode Island on this ____ day of _____, 201__.

Notary Public _____
Notary Number _____
Commission expires



Disability Verification Form

VERIFICATION OF CRIME-RELATED MEDICAL DISABILITY

The above-captioned victim has filed a claim for Crime Victim Compensation. In order to determine the victim's eligibility for loss of earnings, we need the following disability information from his or her treating physician. Please complete this form and return to us within 14 days of the date of this request. Enclosed please find Consent for Release of Confidential Information. Your cooperation is greatly appreciated. Please call us with any questions or concerns.

ABSENCE WAS DUE TO CRIME INJURIES ON _____ (if known).

() The above mentioned **IS STILL MEDICALLY DISABLED DUE TO THE CRIME INJURIES** and has not been released to return to work. In my medical opinion, the expected date of release to return to work will be ____/____/____. The next scheduled appointment is ____/____/____, and at that time I will be able to determine if the victim is still totally disabled.

() The above mentioned **IS NO LONGER MEDICALLY DISABLED** due to the crime injuries and has already been released to return to work. The medical disability was for the following time period: ____/____/____ to ____/____/____. The first day victim could return to work was: ____/____/____.

Date last examined: ____/____/____ Date of next appointment: ____/____/____

Describe Injuries: _____

Signature of Doctor

Typed or printed name

Office address

Office Telephone

Date

Federal Tax Identification Number

To be completed only by: please circle 1) physician, 2) oral or maxillofacial surgeon, 3) psychiatrist, 4) physician's assistant, 5) clinical psychologist or 6) mental health counselor licensed by the state.

Employer Verification Form

The above-captioned victim has filed a claim for Crime Victim Compensation. In order to determine the victim's eligibility for loss of earnings, we need the following information from their employer. Please complete this form and return to us within 14 days of the date of this request. Your cooperation is greatly appreciated. Please call us with any questions.

EMPLOYMENT VERIFICATION FORM

Date of Hire: ____/____/____ Is victim still employed with your company? Yes No

If no, last day of work: ____/____/____ Reason victim no longer employed: _____

Absence from: ____/____/____ TO ____/____/____ Total Hours Missed: _____

Status of Employment Full-time Part-time Seasonal Other _____

Employee's Schedule (normal work days and hours): _____

Employee's gross hourly rate: \$ _____ Employee's net weekly wages: \$ _____

Was employee paid for time off? Yes No

If yes, state gross amounts: Sick leave \$ _____ Vacation Pay \$ _____
Personal Leave \$ _____ Other (please specify): \$ _____

For this crime - Is employee covered by short or long term disability, or worker's compensation insurance?

Yes No If yes, please provide documentation of payments and name/address of insurance carrier: _____

Is this employee covered by your medical/dental group insurance? Yes No

If yes, name/address of carrier: _____

Authorized signature of Employer

Printed name

Title

Telephone

Date

Sincerely,

LOST WAGES VERIFICATION FORMS



State of Rhode Island Department of Labor and Training Spendable Base Wage Table

State of Rhode Island Department of Labor and Training Spendable Base Wage Table Effective May 10, 2019

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Rounded Average Weekly Wage	Single 1 Exemption 05/10/2019	Single 2 Exemption 05/10/2019	Single 3 Exemption 05/10/2019	Single 4 Exemption 05/10/2019	Single 5 Exemption 05/10/2019	Single 6 Exemption 05/10/2019	Single 7 Exemption 05/10/2019	Single 8 Exemption 05/10/2019	Single 9 Exemption 05/10/2019	Single 10 Exemption 05/10/2019
929.00	732.91	744.95	755.37	765.78	776.20	786.62	797.03	807.45	816.70	825.51
930.00	733.58	745.71	756.13	766.55	776.97	787.38	797.80	808.22	817.49	826.29
931.00	734.24	746.48	756.90	767.31	777.73	788.15	798.57	808.98	818.28	827.08
932.00	734.91	747.25	757.66	768.08	778.50	788.91	799.33	809.75	819.06	827.86
933.00	735.58	748.01	758.43	768.85	779.26	789.68	800.10	810.52	819.85	828.65
934.00	736.24	748.78	759.20	769.61	780.03	790.45	800.86	811.28	820.63	829.44
935.00	736.91	749.54	759.96	770.38	780.80	791.21	801.63	812.05	821.42	830.22
936.00	737.57	750.31	760.73	771.14	781.56	791.98	802.40	812.81	822.21	831.01
937.00	738.24	751.08	761.49	771.91	782.33	792.74	803.16	813.58	822.99	831.79
938.00	738.91	751.84	762.26	772.68	783.09	793.51	803.93	814.35	823.78	832.58
939.00	739.57	752.61	763.03	773.44	783.86	794.28	804.69	815.11	824.56	833.37
940.00	740.24	753.37	763.79	774.21	784.63	795.04	805.46	815.88	825.35	834.15
941.00	740.90	754.14	764.56	774.97	785.39	795.81	806.23	816.64	826.14	834.94
942.00	741.57	754.91	765.32	775.74	786.16	796.57	806.99	817.41	826.92	835.72
943.00	742.24	755.67	766.09	776.51	786.92	797.34	807.76	818.18	827.71	836.51
944.00	742.90	756.44	766.86	777.27	787.69	798.11	808.52	818.94	828.49	837.30
945.00	743.57	757.20	767.62	778.04	788.46	798.87	809.29	819.71	829.28	838.08
946.00	744.23	757.97	768.39	778.80	789.22	799.64	810.06	820.47	830.07	838.87
947.00	744.90	758.74	769.15	779.57	789.99	800.40	810.82	821.24	830.85	839.65
948.00	745.57	759.50	769.92	780.34	790.75	801.17	811.59	822.01	831.64	840.44
949.00	746.23	760.27	770.69	781.10	791.52	801.94	812.35	822.77	832.42	841.23
950.00	746.90	761.03	771.45	781.87	792.29	802.70	813.12	823.54	833.21	842.01
951.00	747.56	761.80	772.22	782.63	793.05	803.47	813.89	824.30	834.00	842.80
952.00	748.23	762.57	772.98	783.40	793.82	804.23	814.65	825.07	834.78	843.58
953.00	748.90	763.33	773.75	784.17	794.58	805.00	815.42	825.84	835.57	844.37
954.00	749.56	764.10	774.52	784.93	795.35	805.77	816.18	826.60	836.35	845.16
955.00	750.23	764.86	775.28	785.70	796.12	806.53	816.95	827.37	837.14	845.94
956.00	750.89	765.63	776.05	786.46	796.88	807.30	817.72	828.13	837.93	846.73
957.00	751.56	766.40	776.81	787.23	797.65	808.06	818.48	828.90	838.71	847.51
958.00	752.23	767.16	777.58	788.00	798.41	808.83	819.25	829.67	839.50	848.30
959.00	752.89	767.93	778.35	788.76	799.18	809.60	820.01	830.43	840.28	849.09
960.00	753.56	768.69	779.11	789.53	799.95	810.36	820.78	831.20	841.07	849.87

<http://www.dlt.ri.gov/wc/pdfs/Spendable/Spendable2019.pdf>

CALCULATING LOST WAGES

“An award for loss of earnings shall be based on net (after tax) earnings. Any compensation awarded shall be reduced by any money received or receivable from any other public or private source including, but not limited to, workers’ compensation benefits, social security benefits, disability benefits, and sick and vacation benefits.”



Lost Wages for Parent or Guardian Letter

“In order for the parent/guardian of a minor or incompetent crime victim to be eligible for loss of earnings, the parent/guardian must demonstrate that he/she was absent from work as a direct result of circumstances attributed to the crime due to:

- ▶ required medical treatment for the victim
- ▶ required mental health treatment for the victim
- ▶ required court appearances for the victim or required meetings for the victim with law enforcement in the preparation and prosecution of the criminal case.”

Dear :	DOB: Date of Crime:
--------	------------------------

In order to process your compensation request for loss of earnings as parent/guardian of a minor crime victim, we need the following information:

- 1. Employment Verification:**
If you are employed, please provide us with the contact information for your employer.
If you are self-employed, please provide us with your tax returns for the last three (3) years.
- 2. Affidavit:**
Please complete and return the enclosed affidavit, certifying that you have missed time at work on the dates for which you seek compensation for loss of earnings.
- 3. Documentation of the reason(s) you were absent from work due to caregiver responsibilities which were a direct result of the crime.**
Please be advised that Crime Victim Compensation may only be awarded for absences from work for the following crime-related circumstances:
 - (a) required medical treatment for the victim;
 - (b) required mental health treatment for the victim;
 - (c) required court appearances for the victim; or
 - (d) required meetings for the victim with law enforcement in the preparation and prosecution of the criminal case

Please provide us with documentation of the reasons you were absent from work due to any of the above-stated circumstances. Documentation may include: criminal docket, subpoenas, appointment cards, names/addresses of providers seen by victims, etc.

Please submit the requested information as soon as possible. If the requested information is not received, payment may be delayed or denied. If you have any questions or concerns, please call us at (401) 462-7655.

Sincerely,

LOST WAGES FOR PARENT OF A MINOR VICTIM



LOST WAGES

- ▶ 9.4% of total payout from fiscal year 19



LOSS OF INCOME

- ▶ **IC 5-2-6.1-21 Compensable losses**
- ▶ (2) Loss of income the:
 - ▶ (A) victim would have earned had the victim not died or been injured, if the victim was employed at the time of the crime; or
 - ▶ (B) parent, guardian, or custodian of a victim who is less than eighteen (18) years of age incurred by taking time off work to care for the victim.

Indiana Criminal Justice Institute
101 W. Washington Street, Suite 1170 - East Tower
Indianapolis, Indiana 46204
(317) 232-0157
(800) 353-1484

May 16, 2018

Employee:
Claim No.:
Date of Crime

Employment Questionnaire – Loss of Income
(Must be completed by Victim's Employer)

Please complete the following questionnaire to confirm employment information for the above employee. Return this form to the above address within 30 days of the date of this request.

Employer Name: _____ Phone: _____
Employer Address: _____
Employee SSN: _____ Hire Date: _____
Employee Job Classification: _____
Last Date Worked prior to _____; Date Returned to Work: _____
How many vacation/personal/sick days did your employee have available for his/her use as of the Last Date Worked prior to his/her Victimization? _____
Is person still employed at your establishment? Yes / No (if no, please explain reason for separation) _____

Wage Salary Information

Full time / Part time _____ Pay Period: Weekly / Biweekly / Monthly / Semi-monthly
Regular Hours / Pay Period: _____ Overtime hours / Pay Period: _____ Other Pay: _____
Regular Wage /Hour: _____ Bonus / Hour: _____ Overtime / Hour: _____ Gross Pay / Period _____

Insurance Information

Medical/Dental Coverage: Yes / No Insurer: _____ Policy No.: _____
Benefit Explanation / Deductible: _____
Disability pay/coverage: _____ Weekly / Monthly / Lump Sum? How Long? _____
Other compensation the Employee received (excluding Disability above): _____
Source of other compensation: _____
Life insurance: Yes / No Insurer: _____ Policy No.: _____
Amount of Death Benefit: _____ Beneficiary: _____
Cash Value of Life Insurance Policy on Date of Victimization _____
Employer Signature: _____ Date: _____
Printed Name: _____ Title: _____

LOSS OF INCOME

- Most employment through a temp agency will not qualify for assistance



LOSS OF INCOME

- ▶ The goal is to return the victim to 100% of their income before the incident.
- ▶ Workman compensation does not automatically disqualify the victim.
- ▶ If self-employed; Must submit copy of last years W-2.

<https://vcc.cji.in.gov/Application/ClaimLossOfIncome.aspx>
 Loss of Income 317-291-8957 - Google Search
 File Edit View Favorites Tools Help
 Suggested Sites Main Indianapolis, IN - Primanti...

Loss of Income Claim Number S191407

Company Name:
 Claimant:

Date: To

Time Specified in? Hours Days
 Days/Hours Missed: x Rate:

Balance

Amount: \$0.00
 Reductions: \$0.00
Balance: \$0.00

Payment Recommendation

Reductions

Reduction (Payment received from) Amount: Yes No

Worker's Compensation:

Short Term Disability:

Long Term Disability:

Paid Time Off:

Other Funds:

Doctor's Statement
 Received? Requested Date Received Date
 Yes No

Employer's Questionnaire
 Received? Requested Date Received Date
 Yes No

DOCTOR'S NOTE SPECIFYING A PHYSICAL INJURY PREVENTING THE VICTIM FROM RETURNING TO WORK WITH THE EXACT DATE HE/SHE WAS RELEASED TO RETURN.

EMPLOYER QUESTIONNAIRE

“In order to be eligible for loss of financial support, an eligible Applicant must demonstrate that, at the time of the crime, he/she was wholly or partially dependent upon the financial support of the victim at the time of his or her death.”

LOSS OF SUPPORT



1) An eligible Applicant is **wholly financially dependent** if he/she demonstrates that:

- 1) he/she is a minor child of the victim who was living with the victim at the time of the crime and receiving financial support from the victim; for purposes of a minor child, the value of the care provided by a stay at-home parent with whom the child resided, shall constitute financial support; or
- 2) at the time of the crime, the eligible Applicant was living with the victim and the victim's income constituted his/her primary source of financial support.

1) An eligible Applicant is **partially financially dependent** if he/she demonstrates that:

- 1) he/she is a minor child of the victim who, at the time of the crime, was not living with the victim but was receiving financial support directly from the victim; or
- 2) at the time of the crime, the eligible Applicant was living with the victim and dependent on financial support received directly from the victim as shown by the joint loan agreements, joint bank accounts or other documents evidencing financial dependence.

DETERMINING LOSS OF SUPPORT STATUS



“Once the dependency of the eligible Applicant has been established, an award for loss of support shall be calculated based on the number of weeks for which the Applicant would have remained financially dependent on the victim.”

- a) If the Applicant was **wholly dependent** on the victim for financial support an award for loss of support shall be based on the rate of **\$250.00 per week**.
- b) If the Applicant was **partially dependent** on the victim for financial support, an award for loss of support shall be based on the rate of **\$125.00 per week**.

CALCULATING LOSS OF SUPPORT



“If two or more Applicants seek compensation for loss of financial support from the same victim, the award shall be apportioned based on each Applicant’s loss of financial support from the victim, notwithstanding, in the case of two or more minor children seeking compensation for loss of support from the victim-parent, then the award shall be divided equally between the minor children.”

“The Administrator may require that such funds be placed in a trust account for the benefit of the minor dependent. The Administrator may also require that the Applicant or individual entrusted with the care and custody of the minor dependent execute and deliver to the office a trust agreement”

CALCULATING LOSS OF SUPPORT



RHODE ISLAND STATUTES

TITLE 12. CRIMINAL PROCEDURE

12-25-18. (e) All state and municipal departments and agencies, including law enforcement agencies, as well as hospitals, physicians, and other service providers, shall cooperate with the office in the investigation of claims filed pursuant to this chapter.

COOPERATION FROM PROVIDERS



LOSS OF SUPPORT

- ▶ **IC 5-2-6.1-21 Compensable losses**
- ▶ (5) Loss of financial support the victim would have supplied to legal dependents had the victim not died or been injured.

LOSS OF SUPPORT

- ▶ 7.7% of total payout from fiscal year 18



LOSS OF SUPPORT

- Birth Certificate
- child support order
- Proof of guardianship
- Social security disability

Claimant:

Dependent Information

First Name: Last Name: Middle Name: Date of Birth:

SSN: Phone: Tax Id:

Guardian Information

Guardian Name:

Address: Address Line 2 (optional):

City: State: Zip: County: Country:

Relation of Victim to Dependent

Was the Victim the child Biological/Adopted Parent? Yes No

Was Child a Product of Marriage to the Victim? Yes No

Birth Certificate: Yes No

Requested Date: Received Date:

Paternity Information? Yes No Not Required

Child support Order? Yes No Not Required

Guardianship Proof? Yes No Not Required

Balance

Amount:

Reduction:

Balance:

Payment Method:

Reductions -

Reductions (Payment received from source):

Social Security Disability:

Other Funds:

Include in Total: Yes No

FUNERAL BENEFIT

- ▶ (6) Documented expenses incurred for funeral, burial, or cremation of the victim that do not exceed five thousand dollars (\$5,000). The division shall disburse compensation under this subdivision in accordance with guidelines adopted by the division.

- ▶ Donations are not reimbursed

- ▶ “Go Fund Me” accounts are only taken into consideration if the claimant is the one that opened the account.

- ▶ Pre need/funeral insurance is deducted from award.

<https://vcc.cji.in.gov/Application/ClaimEntryF.aspx>
 Funeral/Burial Service x
 Oracle PeopleSoft Enterpr...

Funeral/Burial Service Claim Number V190761

Service Date: To
 Provider Name:
 Account Number:

Provider Balance

Bill Amount:	<input type="text" value="0.00"/>
Funeral/Burial Reductions:	\$0.00
Out of Pocket Costs:	\$0.00
Balance:	\$0.00

Payment Recommendation

Funeral/Burial Reductions

Reduction	Amount	Verified?
County Trustee Fees:	<input type="text" value="0.00"/>	
Pre-need/Funeral Insurance:	<input type="text" value="0.00"/>	
Charity:	<input type="text" value="0.00"/>	
Other funds:	<input type="text" value="0.00"/>	

Out of Pocket Costs

Claimant	OOP Amount	Payment Recommendation
Garza, Lori <small>55 East Legrande Avenue Indianapolis Indiana 46225</small>	\$ <input type="text" value="0.00"/>	<input type="text" value="Pending"/>
Not in List	\$ <input type="text" value="0.00"/>	<input type="text" value="Pending"/>

FUNERAL BENEFIT

Copy of itemized bill from funeral home.

If bill is paid; need copy of receipt showing who paid.

If payment is indicated from County Trustee's office; must have copy of agreement signed.



Homicide Request for Expense Form

Dear :

REQUEST FOR EXPENSES

Below, please indicate for which expenses you are seeking compensation by checking the appropriate box. Please return this completed form along with the required information and documents. If you have any questions or need help filling out this form, please call us at 401-462-7655.

BURIAL/FUNERAL
Required Information:
 1. Life Insurance: YES NO
 If yes, Insurance Name: _____ Policy No.: _____
 2. Funeral Home: _____
 Address: _____ Telephone: _____

Required documents:
 Funeral/Burial Invoice or Bill
 Obituary

RELOCATION
Required Information:
 Do you have an emergency need to relocate right now due to crime-related safety threat at your home?
 YES NO

Required documents: Documentation of threat to safety: *(must submit at least one)*

- Police report documenting crime at home, harassment, threats, or violation of Restraining Order
- Letter from Dept. of Corrections showing defendant's release date
- Letter from Dept. of Attorney General confirming date you testified against defendant
- Letter from victim advocate or treating mental health provider explaining threat to safety due to crime

Before you are approved for relocation assistance, you will need to submit the following:

- Written Lease Agreement signed by you and the landlord
- IRS form W-9 signed by the landlord

Dear :

DOB: _____
Date of Crime: _____

An application for assistance from the Crime Victim Compensation Program has been filed on behalf of the above-mentioned victim. We must verify funeral and burial expenses in order to determine how much compensation may be awarded.

Please complete form and include the following with your response:
 1. Total charge for funeral service;
 2. Total amount paid by family members or other individuals;
 3. Indicate if there is life insurance;
 4. Copy of contract for funeral services;
 5. Authorized signature on behalf of funeral home.

Charges:
 Date of Funeral Service _____
 Total Charge for Service \$ _____
 Less Amount paid by Family \$ _____
 (please specify name and address of family member(s) that have made payment and amount:
 Payment made by: _____ in the amount of _____
 Payment made by: _____ in the amount of _____
 Payment made by: _____ in the amount of _____

Is there a life insurance policy? Yes ___ No ___
 Less Amount paid by Insurance \$ _____
 Less DHS Funeral Payment \$ _____
 Less Other \$ _____
 Outstanding Balance \$ _____

PLEASE ATTACH COPY OF CONTRACT WITH ITEMIZED STATEMENT OF CHARGES

 Authorized signature Date Printed name & Title

Sincerely,
 Molly Beaudreau
 Intern
 Crime Victim Compensation

Funeral Home Verification Form

FUNERAL & BURIAL

- The maximum award for funeral and burial expenses shall be limited to \$10,000.00.
- Funeral and burial expenses shall be limited to those expenses incurred at the funeral home, cemetery charges, expenses for a headstone for the victim and such other reasonable and necessary charges as determined by the Administrator.



FUNERAL & BURIAL

- ▶ 14.5% of total payout from fiscal year 19



Emergency Relocation

- an award for expenses resulting from the temporary or permanent relocation of a victim, or the temporary or permanent relocation of a relative, domestic partner or dependent of a homicide victim provided that such relative, domestic partner or dependent was living in the same household where the homicide occurred.
 - The crime must have occurred in the primary place of residence
 - The applicant must have an immediate need to relocate
 - 38.2% of of total payout from fiscal year 19

Crime Scene Clean-Up

- The professional bio-hazard clean-up, disinfecting, and removal items contaminated by blood or other bodily fluids, dirt stains or other debris **caused by the crime** for which victim or Applicant is seeking compensation.
 - ▶ An award for crime scene clean-up shall not exceed the sum of \$2,000.

OTHER BENEFITS



“In particular, methods to calculate and retain records for **lost wages and loss of support payments appeared to present challenges**. States may use VOCA funds to reimburse victims for loss of wages attributable to a physical injury resulting from a compensable crime. However, we found the compensation programs for at least two **States did not adequately document the basis for the amount of lost wages paid to victims**. Additionally, these States **did not have a documented methodology for how they calculated the income tax deducted from lost wage claims, nor could they consistently demonstrate adjustments made to compensation payments to account for part-time, seasonal, or commission-based work.**”

REVIEW OF THE OFFICE OF JUSTICE PROGRAMS' EFFORTS TO ADDRESS CHALLENGES IN ADMINISTERING THE CRIME VICTIMS FUND PROGRAMS

COMMON TRENDS:

Audit by the Office of the
Inspector General
U.S. Department of Justice

- ▶ “Although we found that the [state] planned for the increase in VOCA funding, the 3-year subrecipient cycle restricted program growth, which we believe resulted in missed opportunities to serve victims.”

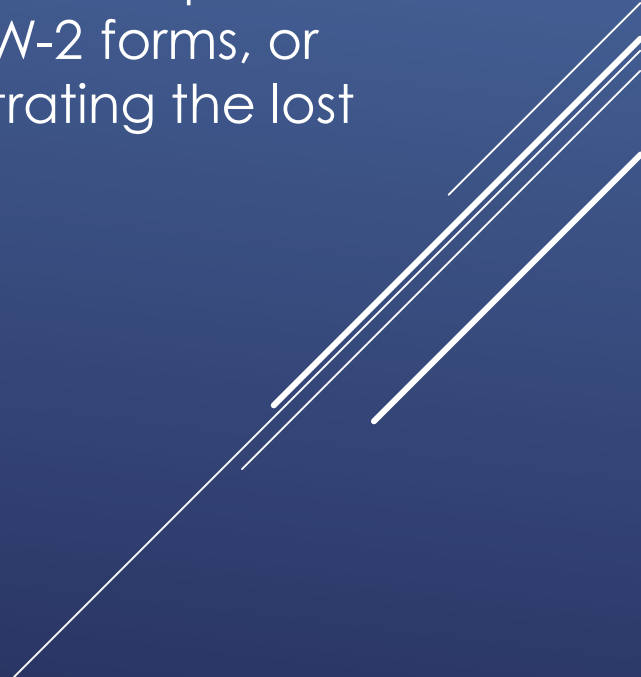
COMMON TRENDS:

Audit by the Office of the
Inspector General
U.S. Department of Justice

- ▶ “Specifically, we determined that the judicial districts were not obtaining documentation from victims to support lost wages claims. Prior to the initiation of our audit [state] issued additional guidance to the judicial districts detailing the documentation necessary to support lost wages claims. We did not identify any unsupported lost wages claims that occurred subsequent to the issuance of this guidance. As a result, we are not making a recommendation related to this issue.”

COMMON TRENDS:

Audit by the Office of the
Inspector General
U.S. Department of Justice

- ▶ “In particular, we found that the basis for the amount of lost wages did not include past income tax returns, pay stubs, W-2 forms, or other documentation demonstrating the lost wage.”
- 

COMMON TRENDS:

Audit by the Office of the
Inspector General
U.S. Department of Justice

- ▶ “Specifically, we found that [state] did not base its wage calculations on employer provided information but rather information provided by the victim. Without obtaining adequate documentation to support a victim’s wage, such as an employer’s wage statement, [state] was at an increased risk of inaccurately paying crime victims.”
- 