



State of Tennessee Treasury Department
Criminal Injuries Compensation Program
Division of Claims Administration
502 Deaderick Street ♦ Nashville, TN 37243-0202
Telephone: (615) 741-2734 ♦ Fax: (615) 532-4979
Website: www.treasury.tn.gov/injury/
Email: Criminal.Injury@tn.gov

DIVISION OF CLAIMS ADMINISTRATION
FORM C

Victim _____

Claim No. _____

Criminal Injuries Compensation
Report of the District Attorney or United States Attorney

Comes the Honorable _____, District/United States Attorney or Assistant Attorney, who, after investigating, presents the following information regarding this claim.

1. Please mark the appropriate response for all questions.

- a. Did the victim contribute in any respect to the commission of the criminal act per T.C.A., §29-13-105(b)? Yes Comment under #3.
 No
- b. Was the criminal act reported to the authorities within 48 hours as required by T.C.A., §29-13-108(a)? Yes
 No
- c. Did the victim/claimant fully cooperate with the law enforcement investigation and prosecution efforts of your office? Yes
 No Comment under #3.
- d. Was the crime caused by a drunk driver as described in T.C.A., §29-13-104? Yes BAC level: _____
 No
- e. Has/have the defendant(s) been ordered to pay any restitution to the victim or claimant filing this claim? Yes Attach copy of order.
 No Provide copy of order if ordered in future.

2. Please mark here _____ if an award should be delayed because of pending litigation per T.C.A., §29-13-108(d). Please note that such request may only be made when a prosecution is pending or imminent for the offense upon which this claim is based **and** this report must be amended within ten (10) days of the conclusion of the prosecution. During the interim, the Division of Claims Administration will request updates from your office regarding prosecution status.

3. Please provide any information or comments you feel should be brought to the attention of the Division of Claims Administration and/or Claims Commission, including those relative to your responses to this report or any inconsistencies found in the application information.

4. Was the crime a sexually-oriented crime per T.C.A., §29-13-106(c)? Yes Mark factors below.
 No

Was the victim penetrated? Yes No

- | | |
|--|--|
| <input type="checkbox"/> Victim kidnapped | <input type="checkbox"/> Victim threatened with a weapon |
| <input type="checkbox"/> Victim bound | <input type="checkbox"/> Victim forced to take drugs or alcohol |
| <input type="checkbox"/> Victim gagged | <input type="checkbox"/> Victim assaulted by more than one assailant |
| <input type="checkbox"/> Victim subjected to deviant sexual activity | <input type="checkbox"/> Victim assaulted more than one time by the same assailant |
| <input type="checkbox"/> Victim under 13 years of age at the time of the assault | <input type="checkbox"/> Victim assaulted in his/her principal place of residence |
| <input type="checkbox"/> Victim sustained documented physical injury, in addition to penetration (describe): | |

There are mitigating circumstances involved in this claim (describe):

Signature of the District Attorney or
United States Attorney (or Assistant)

Provide the following information for a contact person responsible for any inquiries the Division or Commission may have.

Contact: _____

Phone: _____

Fax: _____

E-mail: _____