



STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM



Report to:

**Catherine Cortez Masto
Nevada Attorney General**

**RIGHTS OF VICTIMS AND SOURCES OF FUNDING
FOR VICTIMS OF CRIME SUB-COMMITTEE
April 9, 2008**



**Bryan A. Nix, Esq.
Program Coordinator**



STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM



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- **NRS 217** ATTACHMENT A
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STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM



Introduction:

The Nevada Victims of Crime Compensation Program (VOCP) was established by the Nevada legislature in 1969 pursuant to NRS 217.010 to NRS 217.270. The VOCP began operations as a state agency with its own full time staff in 1989. The VOCP operates under the auspices of the Nevada State Board of Examiners (BOE). The BOE establishes policies and procedures for the VOCP.

State Policy:

NRS 217.010: It is the policy of this State to provide assistance to persons who are victims of violent crimes or the dependents of victims of violent crimes.

Program Mission Statement:

It is the Mission of the Nevada Victims of Crime Compensation Program to provide financial assistance to innocent victims of crime in a timely, cost efficient, and compassionate manner.



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VICTIMS OF CRIME PROGRAM



Bryan A. Nix, Esq.

Victims of Crime Compensation Program, Coordinator

Program Staff:

Las Vegas

2200 South Rancho Drive, Suite 130

Las Vegas, NV 89109

702-486-2740

Patricia Moore, Compensation Officer
Vacant Position, Compensation Officer

Elaine Dianetti, Administrative Assistant III
Colleen Sanders, Administrative Assistant II
Maggie Alessi, Administrative Assistant II

Reno

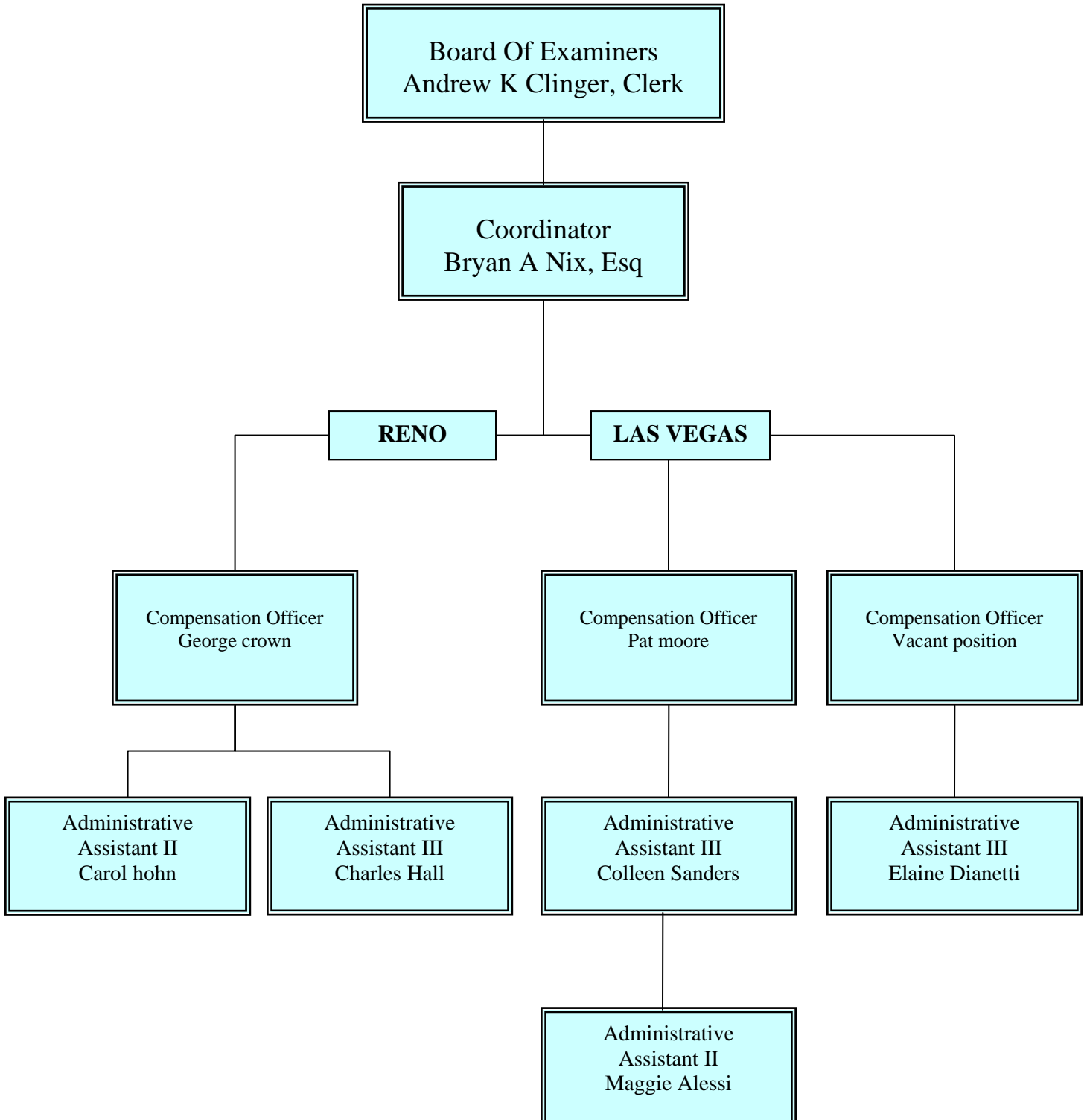
**4600 Kietzke Lane
Building I, Suite 205
Reno, NV 89502
775-687-2900**

George Crown, Compensation Officer

Charles Hall, Administrative Assistant III
Eileen Wood, Administrative Assistant I



ORGANIZATIONAL CHART





Eligibility Criteria

- 1) An application for compensation may be filed by;**
 - a) the victim; or**
 - b) a dependent of a deceased victim; or**
 - c) a parent or relative of the victim; or**
 - d) an authorized person acting on behalf of any of the above.**

- 2) The application must be complete and must establish;**
 - a) The crime occurred in Nevada, or outside the United States against a person whose domicile is in Nevada.**
 - b) The crime was reported to law enforcement officials within 5 days of the crime.**
 - c) The application was filed within one year of the crime. Minor victims of sexual abuse or pornography have until age 21 to file an application.**
 - d) The victim suffered bodily injury or death as a result of the criminal actions of another.**
 - e) The victim did not contribute to the crime in any way, and was not a co-conspirator or accomplice.**
 - f) The victim fully cooperated with law enforcement officials during the investigation and prosecution of the offender.**



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Available Benefits

Benefit Maximum Per Claim: \$35,000

- **Medical, Dental, Physical Therapy or Rehabilitation, up to: \$35,000**
- **Counseling, up to: \$5,500**
- **Prescriptions, up to: \$6,000**
- **Chiropractic, up to: 20 visits**
- **Funeral, Burial Expense, up to: \$3,500**
- **Lost Wages, up to: \$15,600**
- **Survivor Support, up to: \$15,600**
- **Relocation, Travel Expense, up to: \$2,500**
- **Rental Assistance, up to: \$2,500**
- **Crime Scene Cleanup, up to: \$2,500**
- **Home Security, up to: \$2,500**
- **Repair Damage, up to: \$2,500**
- **Medical Equipment, up to: \$2,500**
- **Vision, Eyeglasses, up to: \$2,500**
- **Child Care Services, up to: \$2,500**
- **Insurance Co-Pays, up to: \$2,500**
- **Extend Other Listed Benefits, up to: \$2,500**



U.S. Department of Justice
Office for Victims of Crime

CRIME VICTIM COMPENSATION STATE CERTIFICATION FORM

State of NEVADA

Reporting Period: October 1, 2006 through September 30, 2007

NOTE: Please read the instructions on the Attached Page Before Completing this Form

Part I: PAYMENT INFORMATION

A: Total Amount paid to on or behalf of crime victims from ALL FUNDING SOURCES (both State and Federal) (+) \$ 6,417,142.32

B. Amounts To Be Deducted From Total Paid to Crime Victims

1. Voca Grant Funds, FY <u>07</u> FY <u>08</u>	\$ <u>2,350,000.00</u>
2. Subrogation Recoveries	\$ <u>49,832.88</u>
3. Restitution Recoveries	\$ <u>465,064.31</u>
4. Refunds	\$ <u>76,984.55</u>
5. Amount Awarded for Property	\$ _____
6. Other Reimbursements	\$ _____
Specify: _____	\$ _____
_____	\$ _____

C. Total Amount To Be Deducted (Sum of B1 through B6) (-) \$ 2,941,881.74

D. Subtract Line C From Line A (=) \$ 3,475,260.58

E. Recovery Costs, If Any (Attach Documentation) (+) \$ 0.00

F. Total State Payments Eligible for Matching VOCA Grant Award (Add Line D and Line E) (=) \$ 3,475,260.58

Part II: FUNDS AVAILABLE FOR THE STATE VICTIM COMPENSATION PROGRAM
(During the Reporting Period)

A: Funds From All Sources Other Than VOCA Grants Funds

1. General Funds	\$ <u>0.00</u>
2. Court Costs	\$ <u>2,060,278.04</u>
3. Fees	\$ <u>947,493.50</u>
4. Fines and Penalties	\$ <u>1,624,345.65</u>
5. Private Donations	\$ <u>0.00</u>
6. Bond Forfeitures	\$ <u>0.00</u>
7. Subrogation Recoveries	\$ <u>49,832.88</u>
8. Restitution Recoveries	\$ <u>465,064.31</u>
9. Refunds	\$ <u>76,984.55</u>
10. Reimbursements	\$ <u>0.00</u>
11. Earned Interest	\$ <u>23,283.54</u>
12. Reserves Carried Over	\$ <u>758,073.00</u>
13. Other Sources	
Specify: <u>Wage Assessment</u>	\$ <u>484,189.45</u>
<u>Civil Penalties/Misc</u>	\$ <u>9,887.40</u>

B. Total Amount of Lines A1 through A13 (+) \$ 6,499,432.32

C. VOCA Grant Funds, FY 07 FY 08 (+) \$ 2,350,000.00

D. Total Funds Received (Add Lines B and C) (=) \$ 8,849,432.32

Part III: CERTIFICATION

I certify that the amount reported in Part I F of this form is complete and accurate.

BRYAN A. NIX, COORDINATOR

Type Name and Title of Duty Authorized Official

Signature of Duty Authorized Official

Date

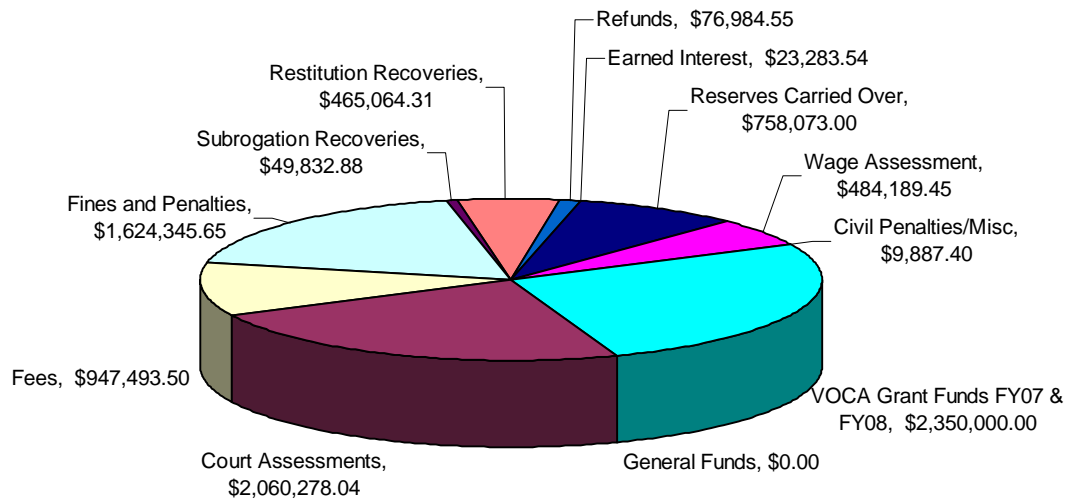
Note: This form must be signed by the authorized individual within the agency designated by the Governor to administer the VOCA crime victim compensation grant.



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**Funds Available for the State
 Victims of Crime Compensation Program
 October 2006 through September 2007**



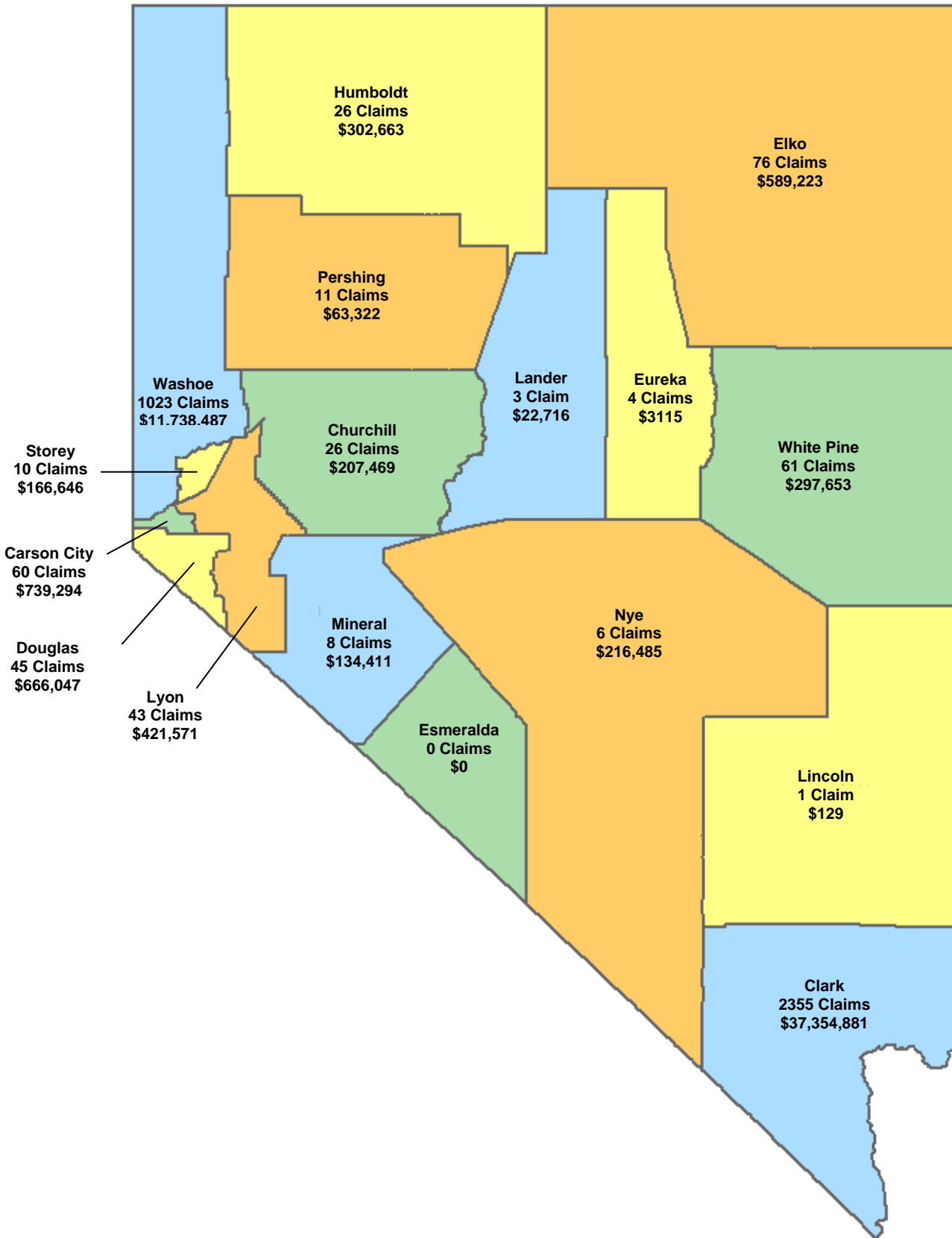
Funds From All Sources Other Than VOCA Grant Funds	
General Funds	\$ 0.00
Court Assessments	\$ 2,060,278.04
Fees	\$ 947,493.50
Fines and Penalties	\$ 1,624,345.65
Subrogation Recoveries	\$ 49,832.88
Restitution Recoveries	\$ 465,064.31
Refunds	\$ 76,984.55
Earned Interest	\$ 23,283.54
Reserves Carried Over	\$ 758,073.00
Wage Assessment	\$ 484,189.45
Civil Penalties/Misc	\$ 9,887.40
Total Source Funds	\$ 6,499,432.32
VOCA Grant Funds FY07 & FY08	\$ 2,350,000.00
Total Funds Received	\$ 8,849,432.32



STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM



**Claims Approved and Dollars Paid by County
 January 2005 through January 2008**

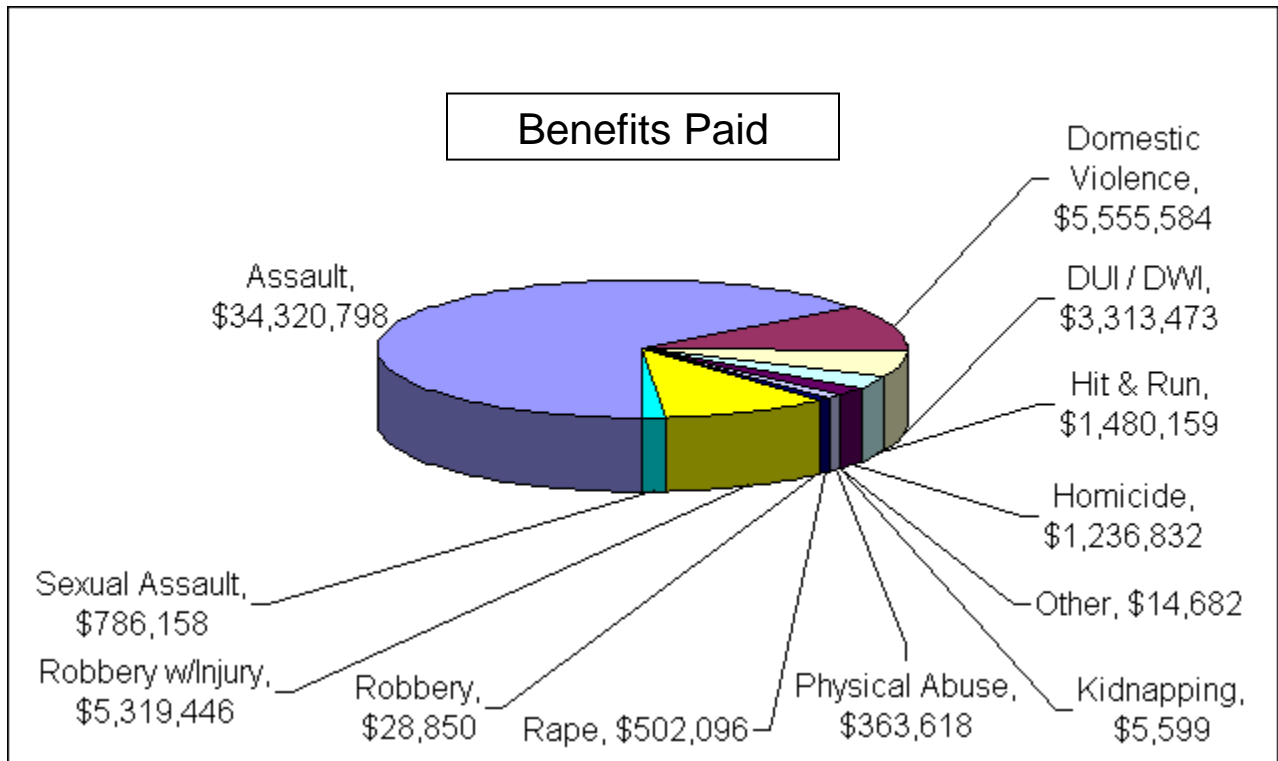
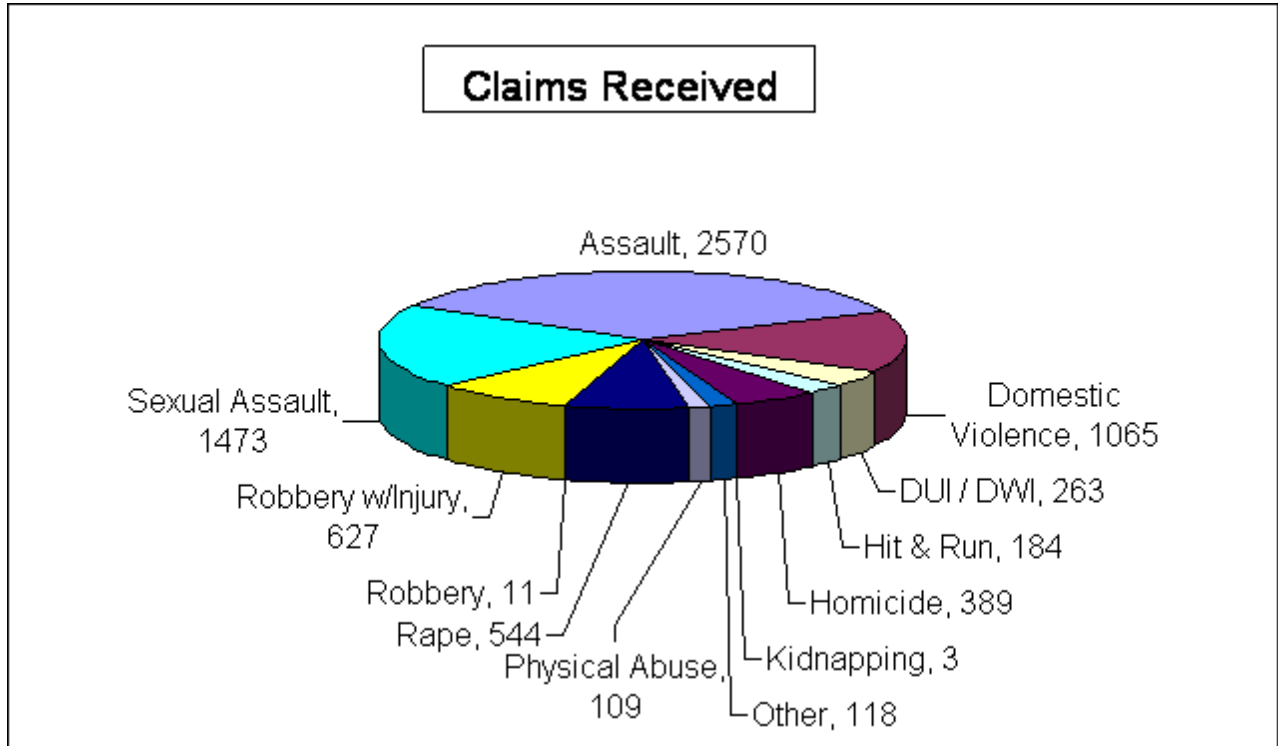




STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM



Applications by Crime Type
January 2005 through January 2008

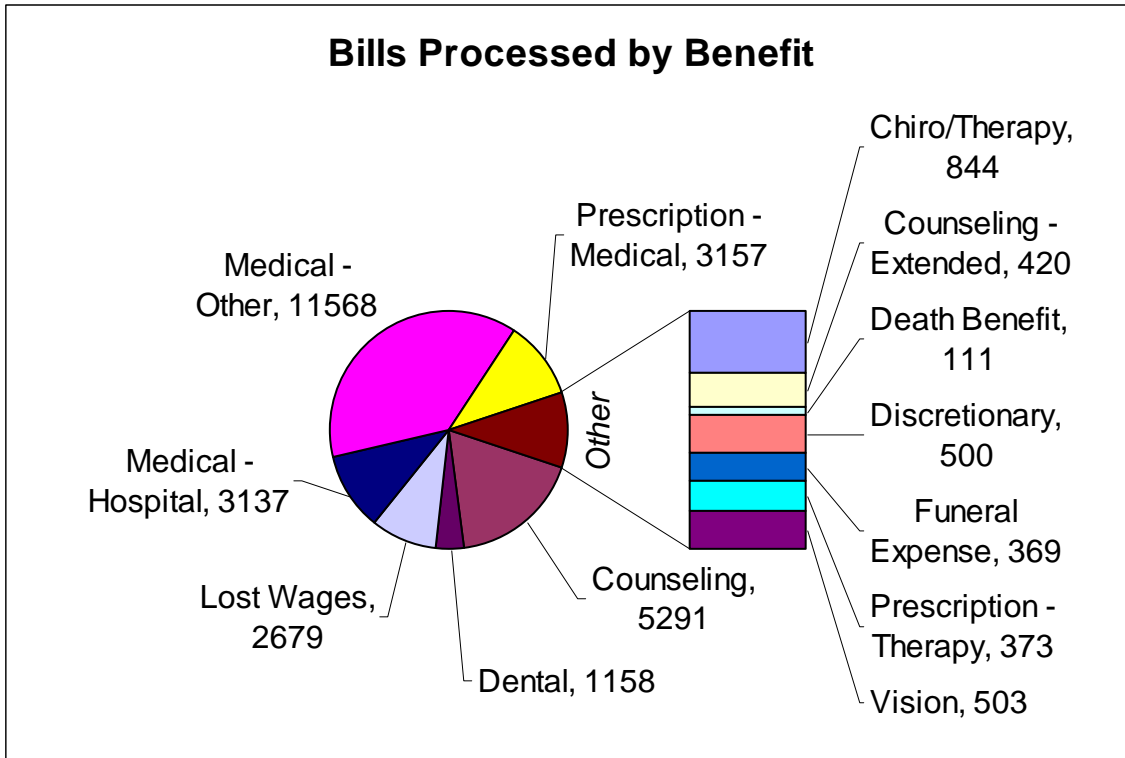




STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION
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Victim Benefits by Type
 January 2005 through January 2008



Type Of Expense	Billed	Paid
Chiro/Therapy	\$353,997.90	\$229,069.07
Counseling	\$1,349,483.78	\$994,880.29
Counseling - Extended	\$128,127.09	\$91,791.04
Death Benefit	\$77,548.92	\$77,384.66
Dental	\$2,366,537.76	\$1,683,681.51
Discretionary	\$277,840.55	\$277,725.15
Funeral Expense	\$792,855.58	\$787,650.29
Lost Wages	\$3,017,148.87	\$3,008,959.59
Medical - Hospital	\$30,050,099.31	\$3,351,140.27
Medical - Other	\$10,103,237.53	\$4,502,404.48
Prescription - Medical	\$551,494.66	\$542,474.53
Prescription - Therapy	\$253,670.44	\$148,969.96
Vision	\$294,823.51	\$236,264.89
TOTALS	\$49,616,865.90	\$15,932,395.73

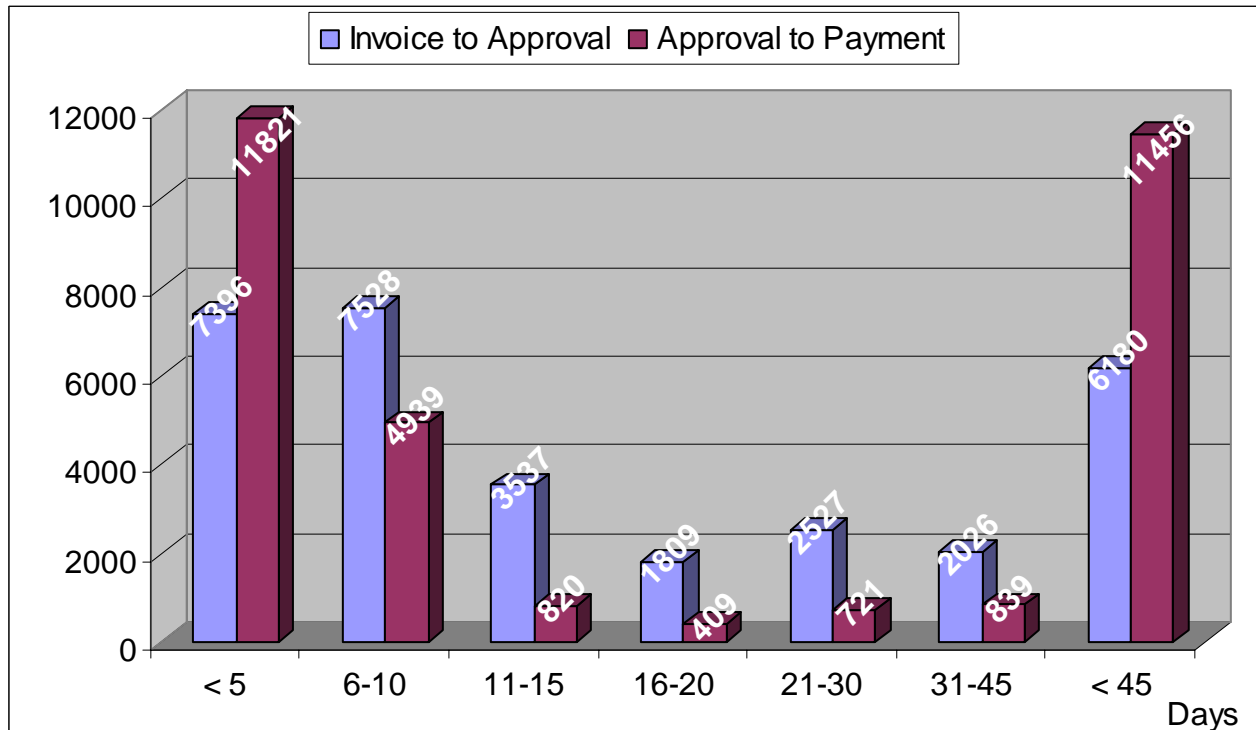


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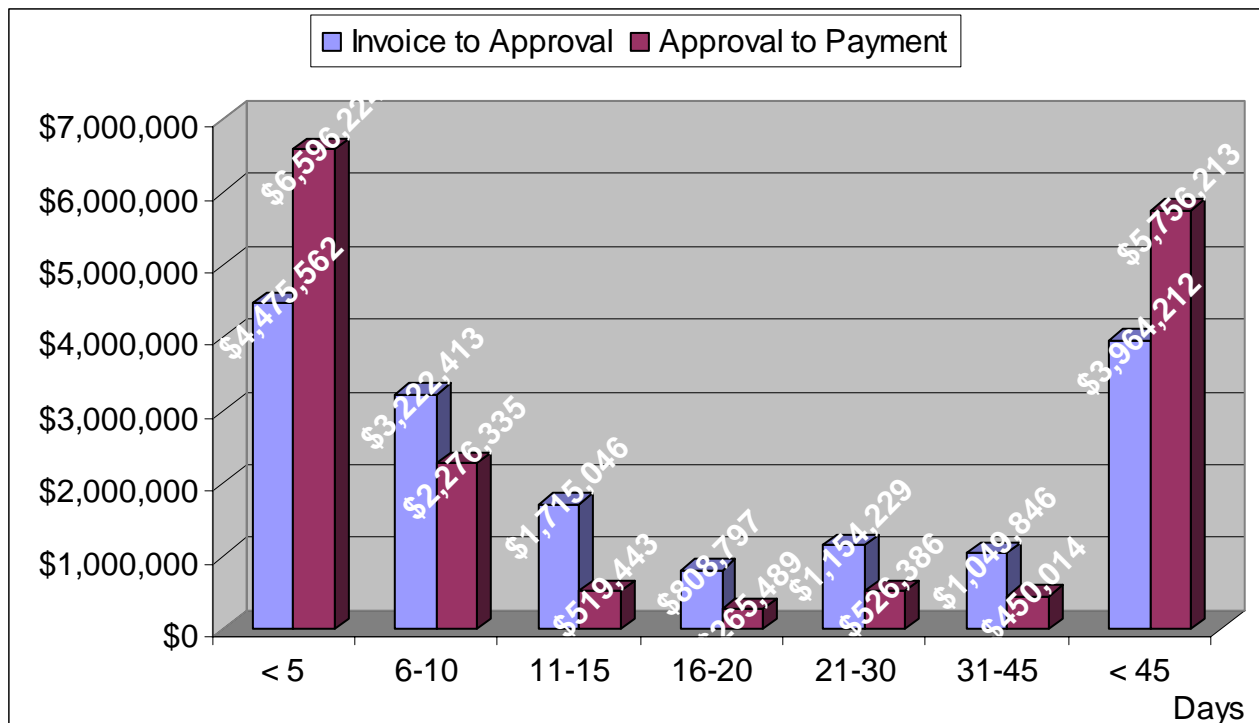


Payable Aging Summary
 January 2005 through January 2008

Bills Processed Per Period



Benefit Payments Per Period

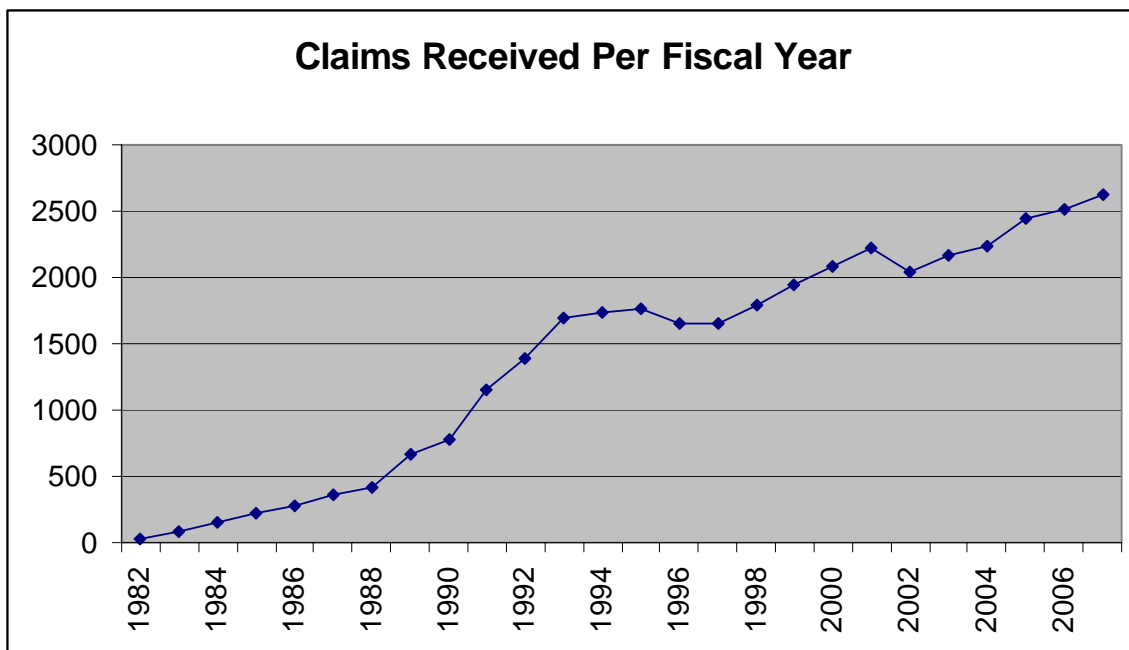
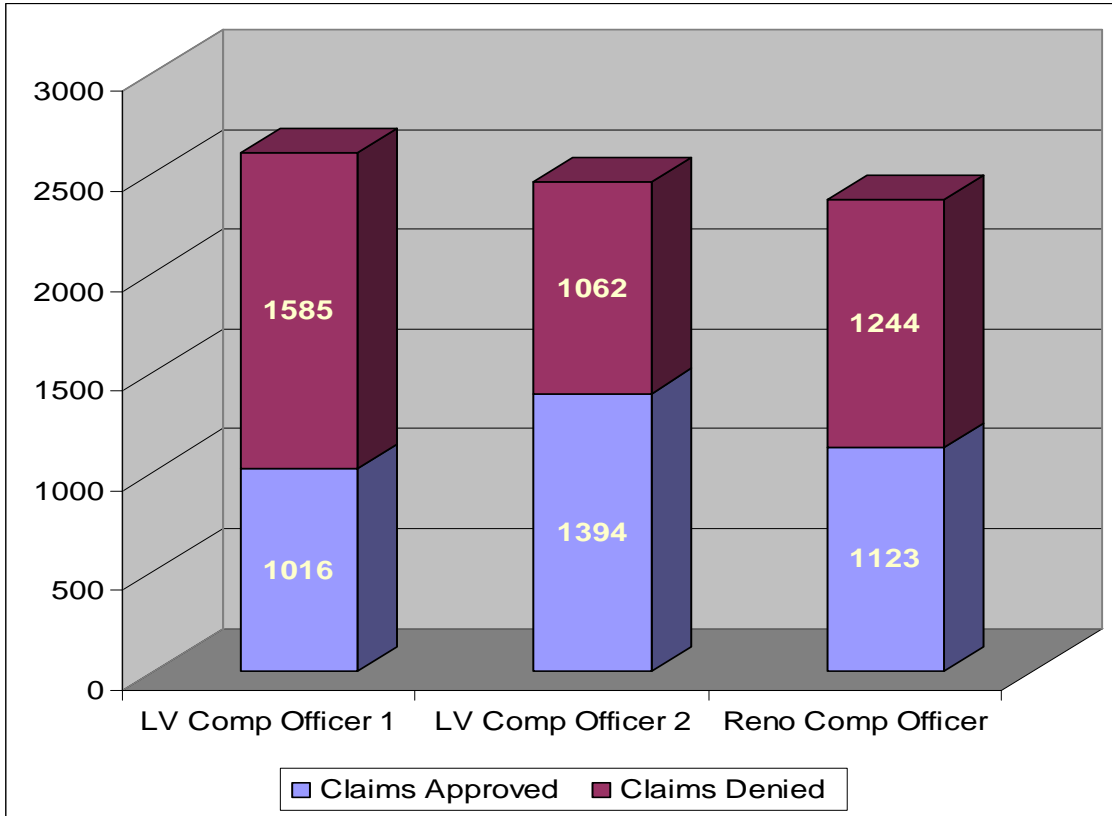




STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION VICTIMS OF CRIME PROGRAM



Claims Assigned by Compensation Officer January 2005 through January 2008



ATTACHMENT A:

NRS.217

ATTACHMENT B:

***VOC POLICIES AND
PROCEDURES***