



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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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.



STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION  
**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**

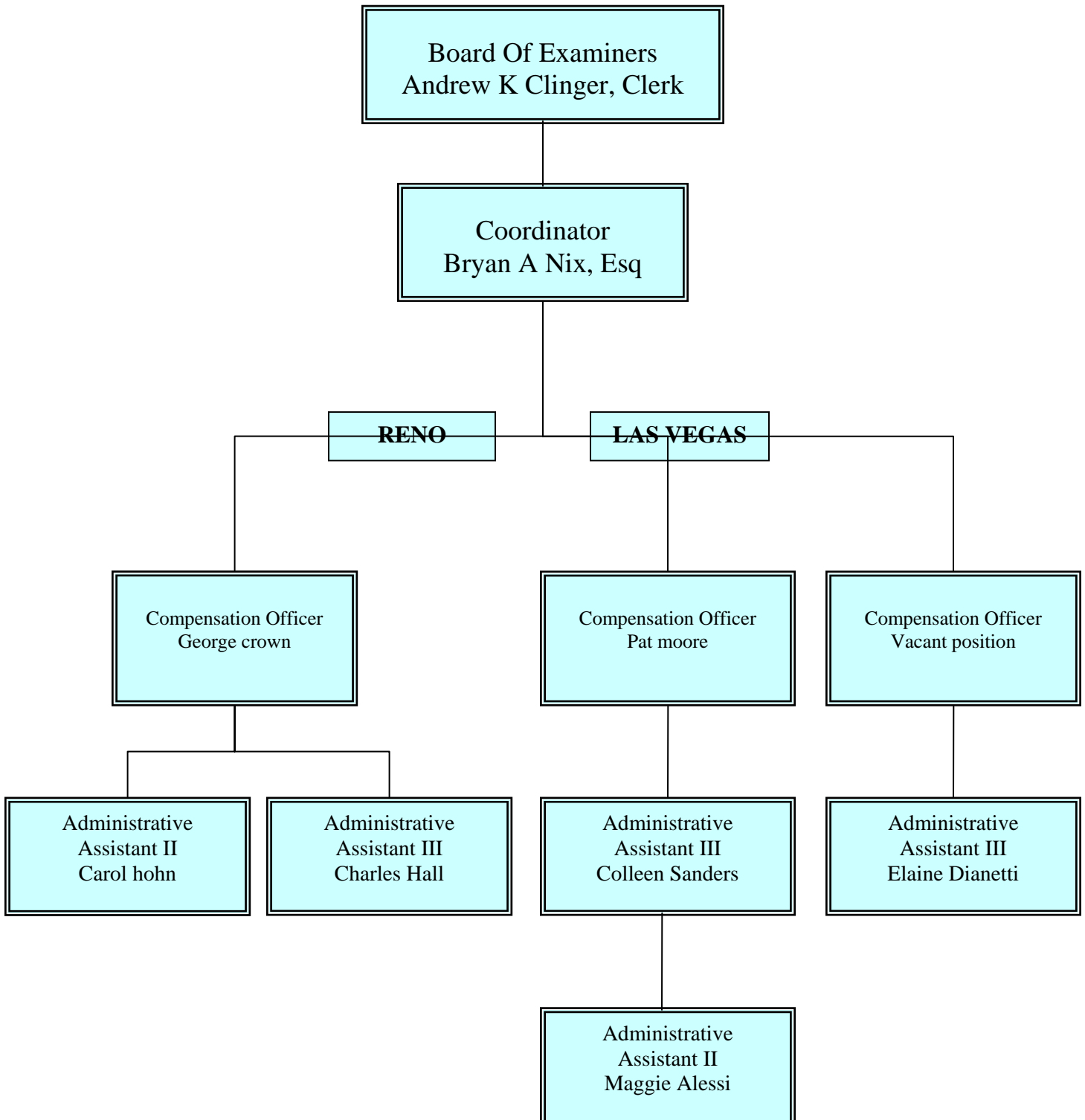
**4600 Kietzke Lane  
Building I, Suite 205  
Reno, NV 89502  
775-687-2900**

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.**



STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION  
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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 Duly Authorized Official

Signature of Duly 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.

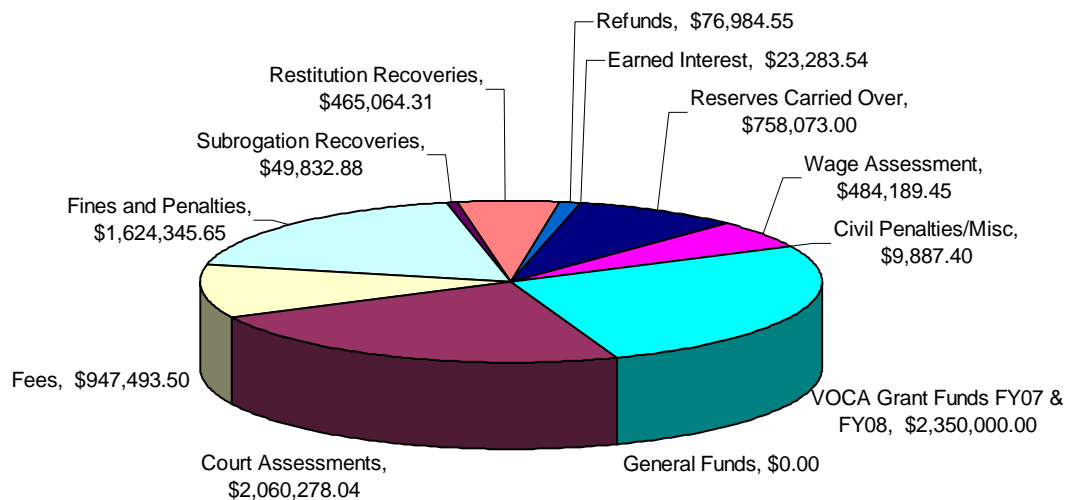




STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION  
**VICTIMS OF CRIME PROGRAM**



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



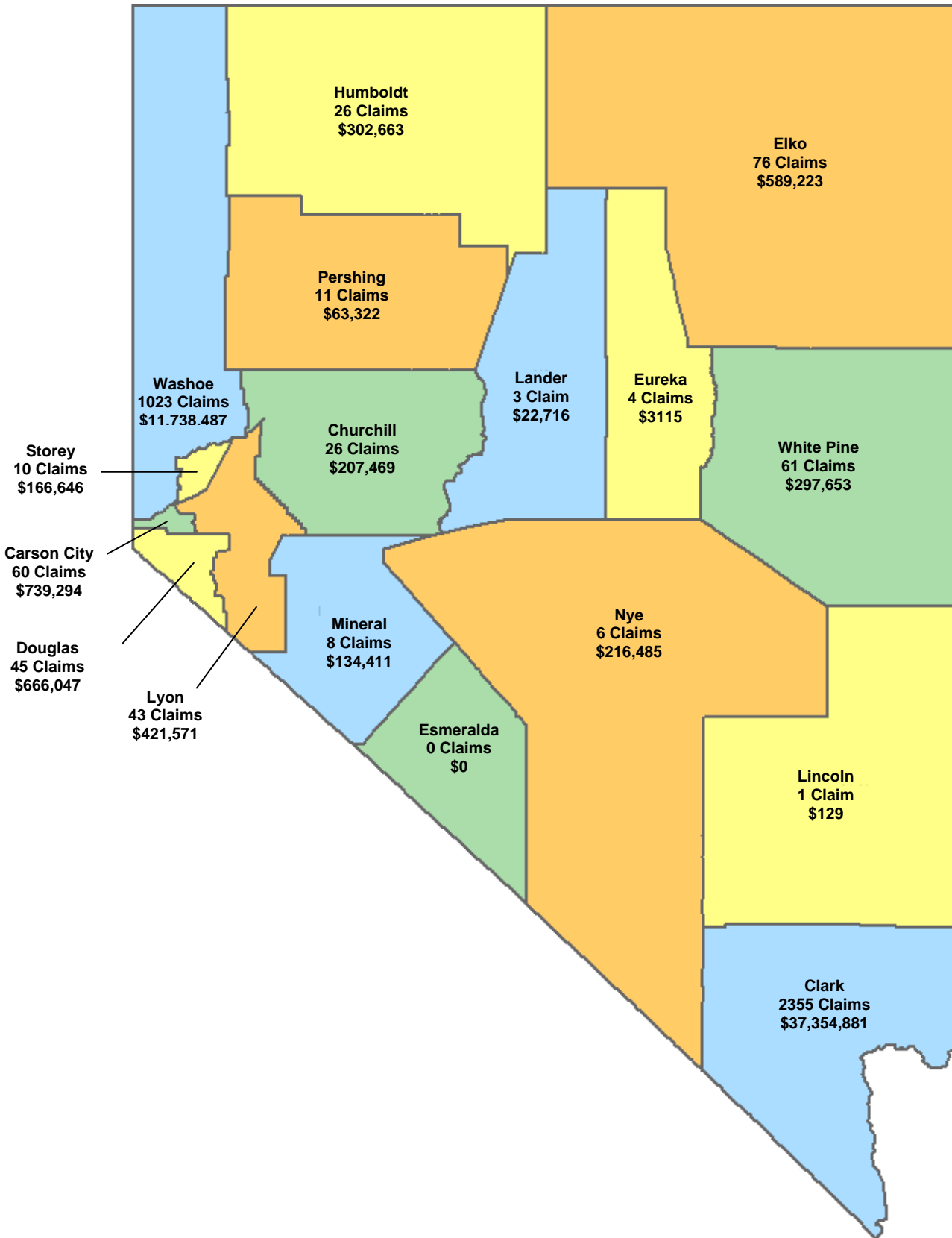
<b>Funds From All Sources Other Than VOCA Grant Funds</b>	
General Funds	\$ 0.00
Court Assessments	\$ 2,060,278.04
Fees	\$ 947,493.50
Fines and Penalties	\$ 1,624,345.65
Subrogation Recoveries	\$ 49,832.88
Restitution Recoveries	\$ 465,064.31
Refunds	\$ 76,984.55
Earned Interest	\$ 23,283.54
Reserves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



# STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION VICTIMS OF CRIME PROGRAM



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

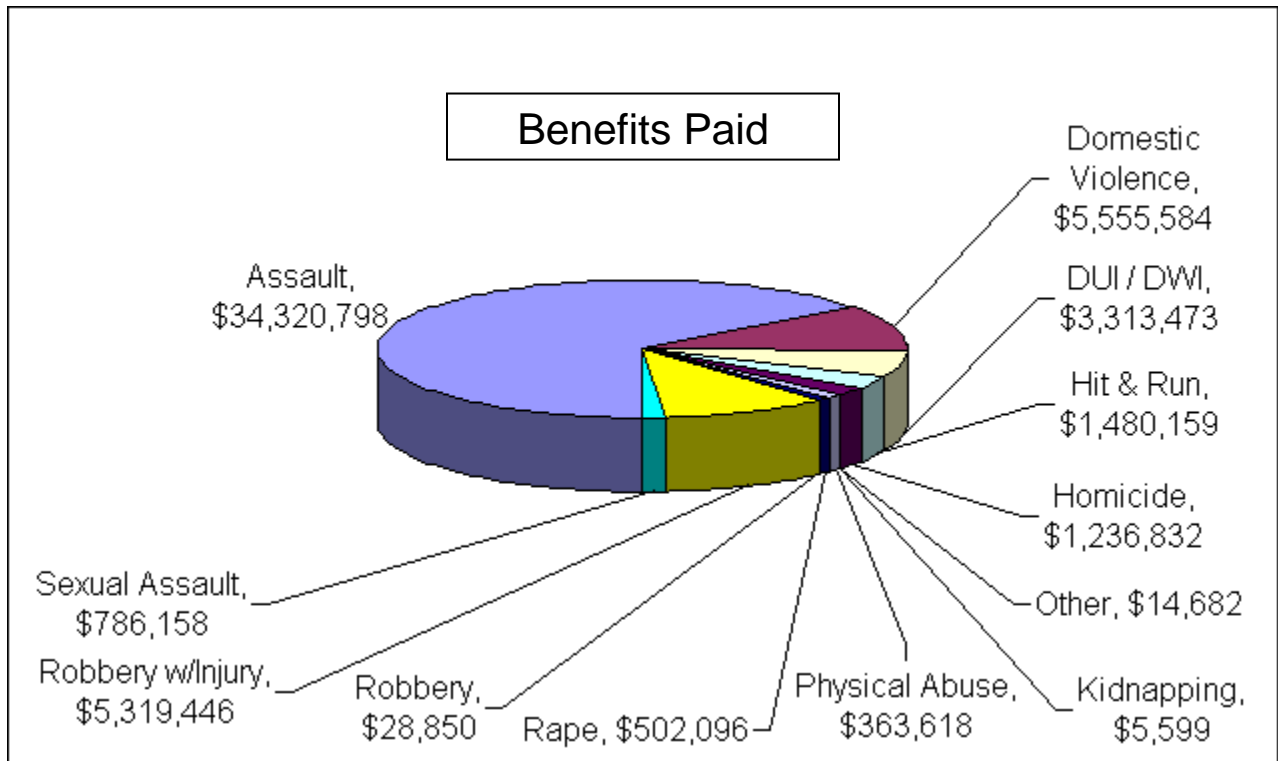
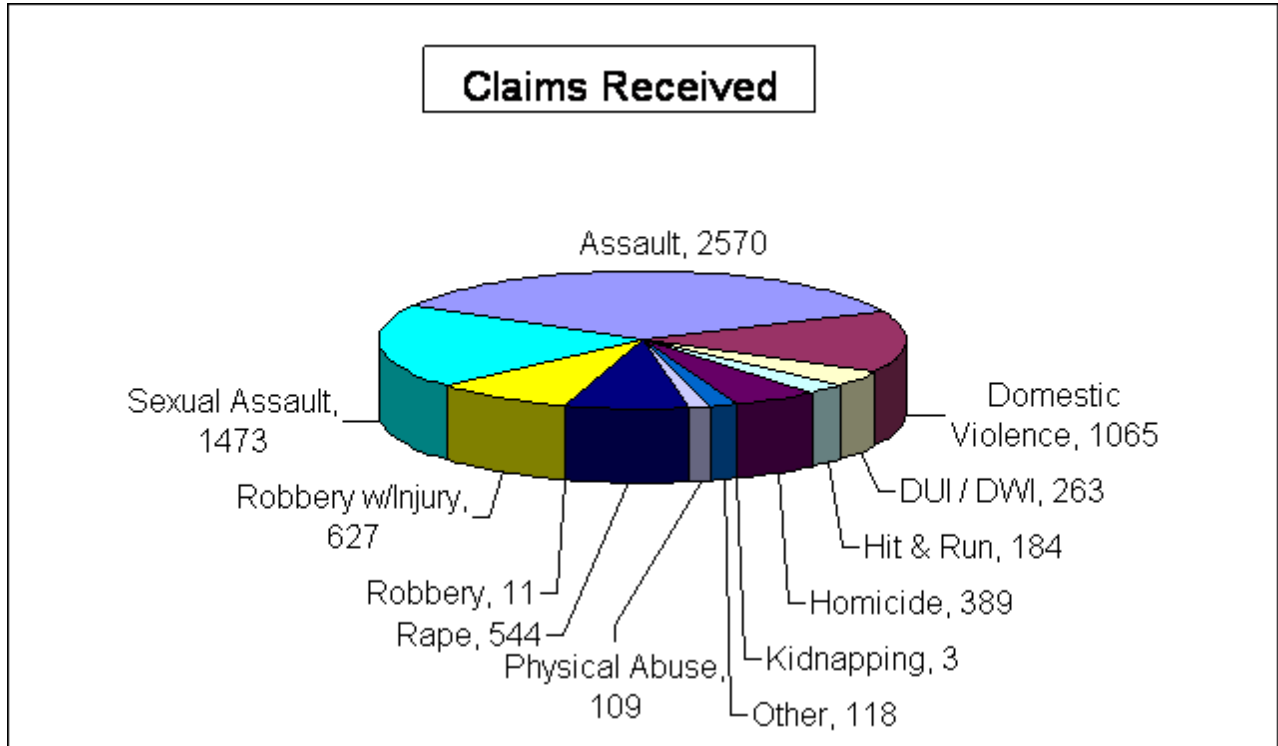




STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION  
**VICTIMS OF CRIME PROGRAM**



**Applications by Crime Type**  
**January 2005 through January 2008**

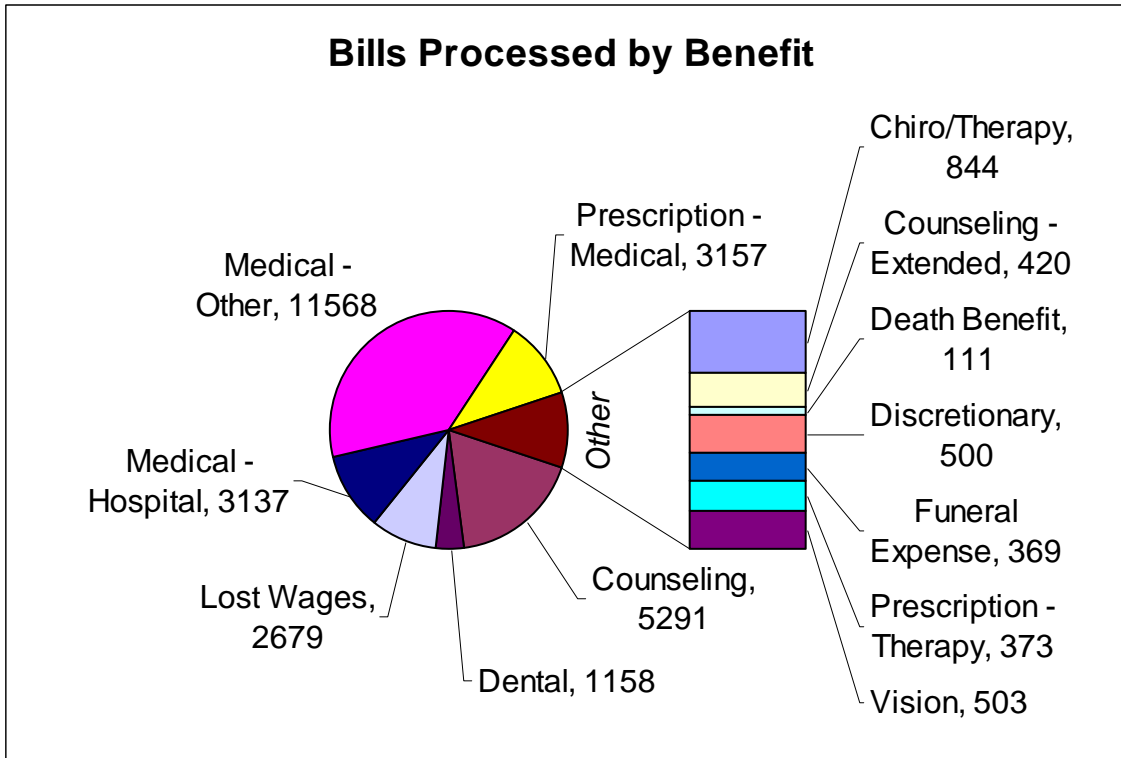




STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION  
**VICTIMS OF CRIME PROGRAM**



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
<b>TOTALS</b>	<b>\$49,616,865.90</b>	<b>\$15,932,395.73</b>

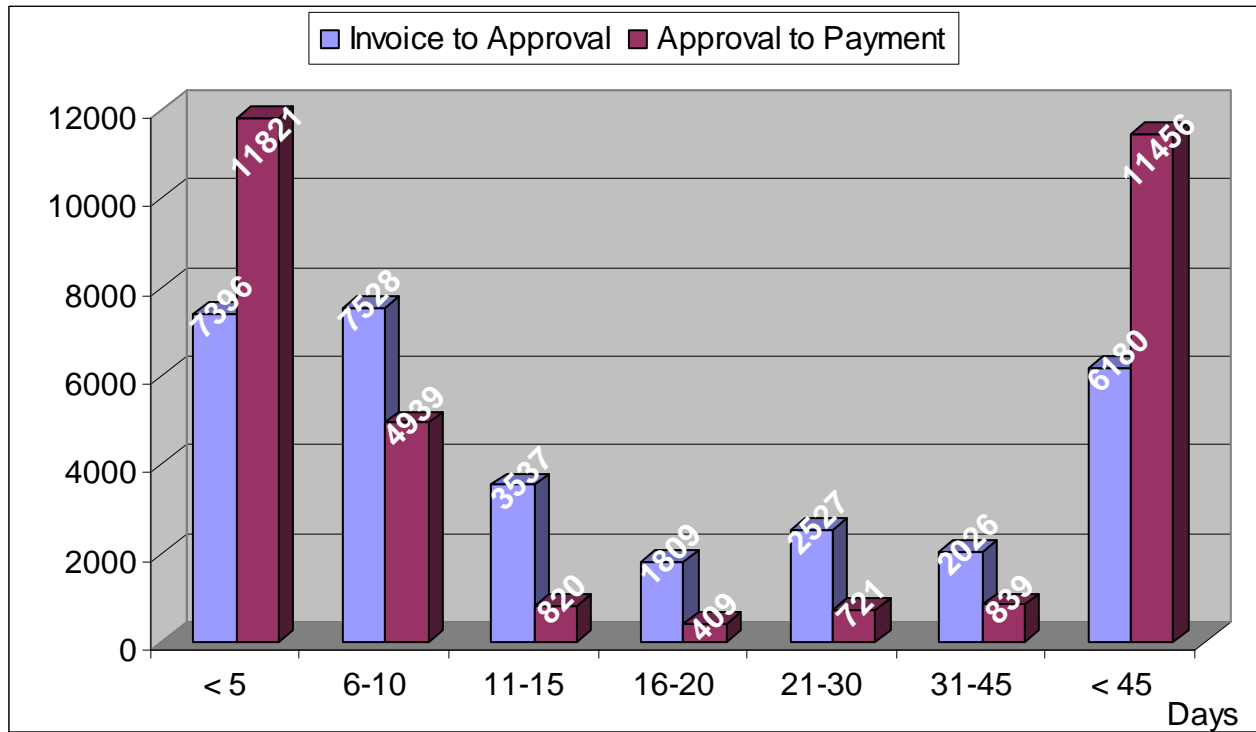


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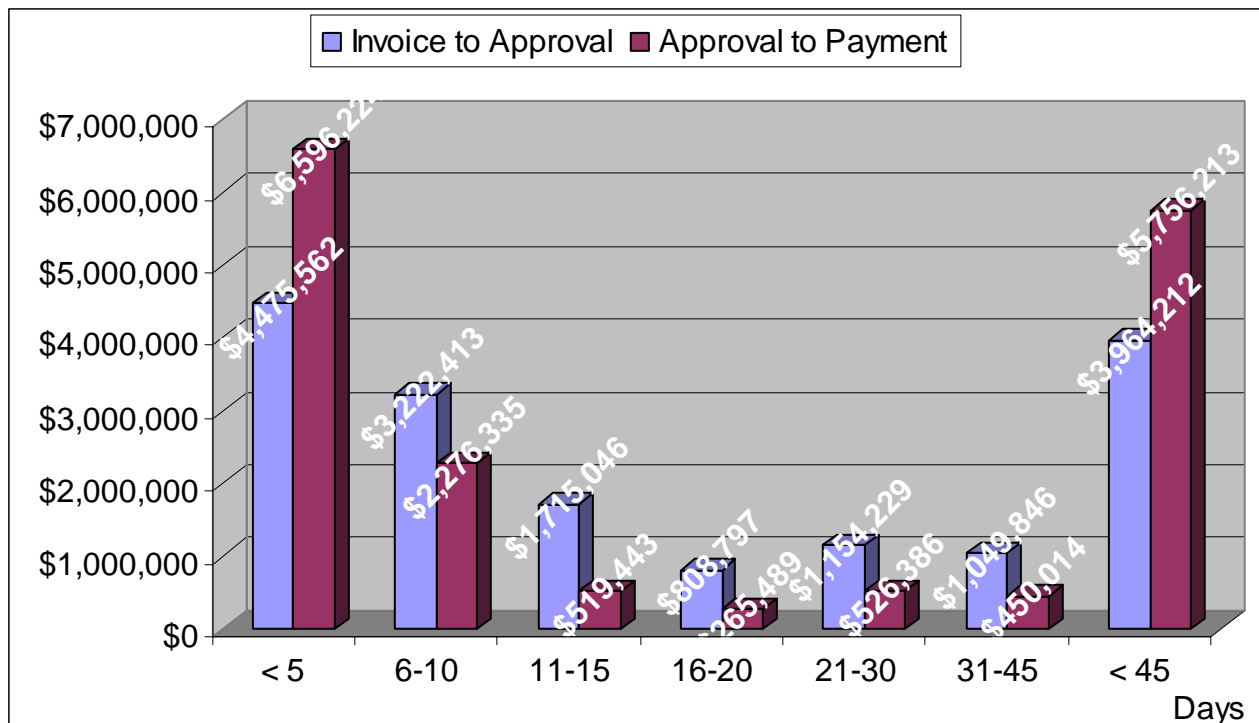


Payable Aging Summary  
 January 2005 through January 2008

Bills Processed Per Period



Benefit Payments Per Period

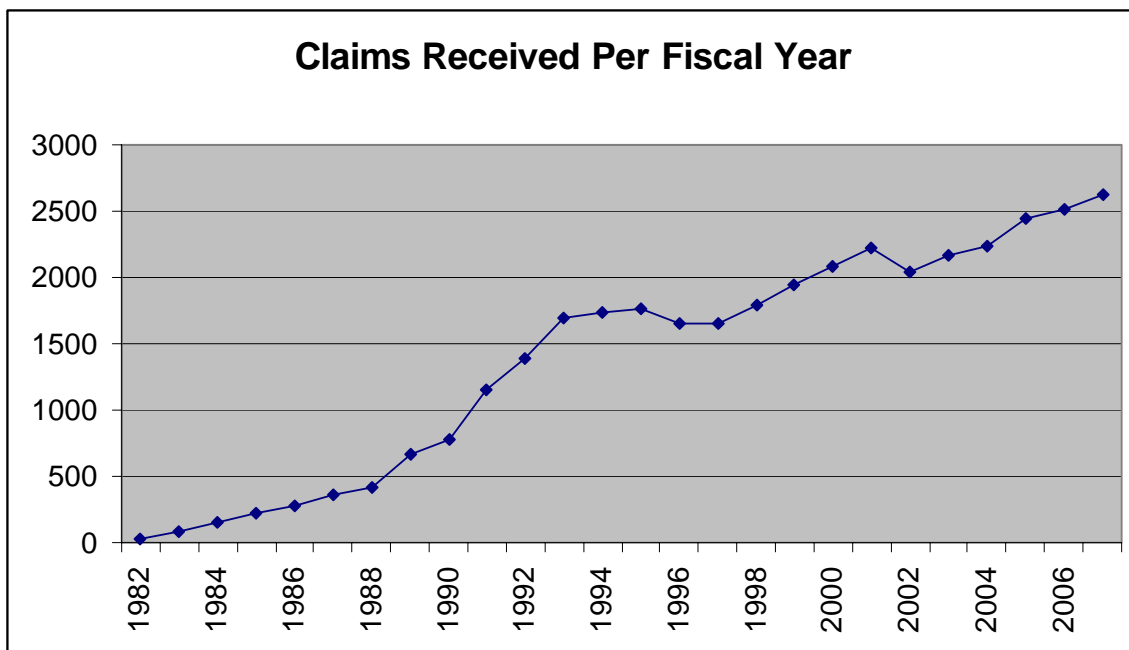
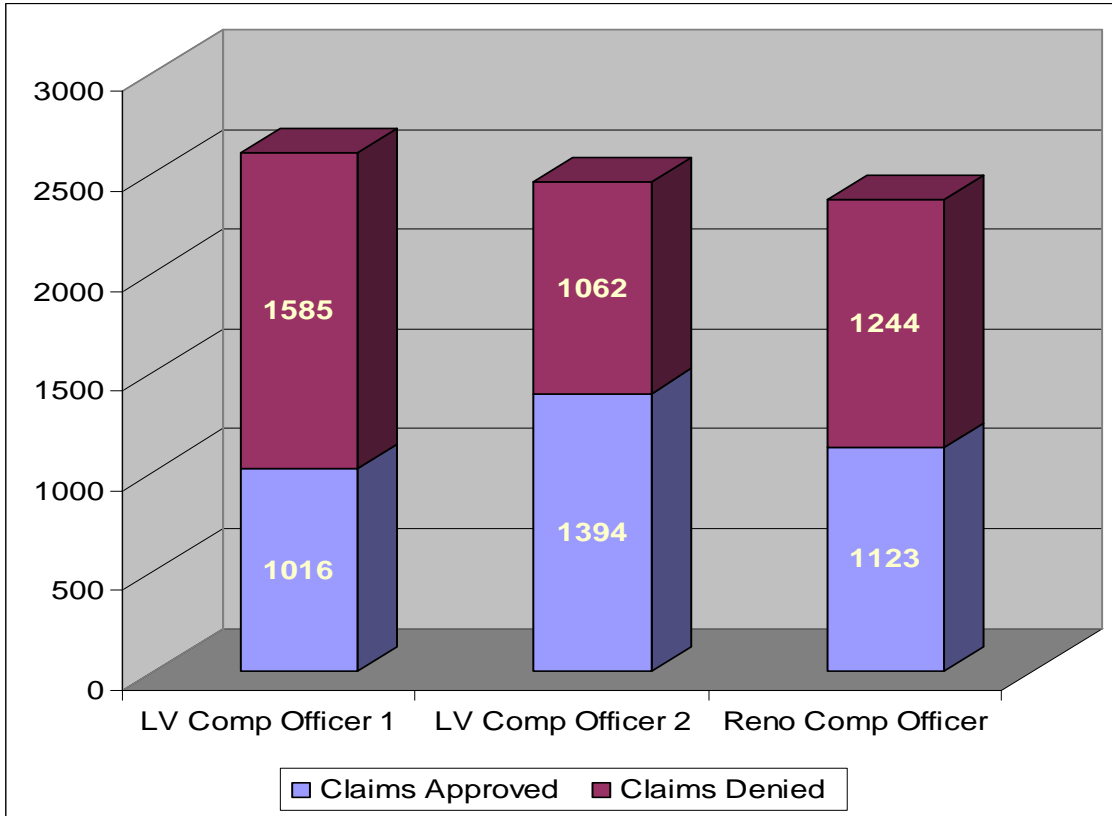




STATE OF NEVADA - DEPARTMENT OF ADMINISTRATION  
**VICTIMS OF CRIME PROGRAM**



Claims Assigned by Compensation Officer  
January 2005 through January 2008



**ATTACHMENT A:**

***NRS.217***

**ATTACHMENT B:**

***VOC POLICIES AND  
PROCEDURES***