



**Office of the Attorney General of Guam  
Criminal Injuries Compensation Commission**



**Guidelines for Applying for Crime Victim Compensation**

An application must be completed and filled out for each victim. If the victim is a minor or incompetent adult, the person filling out the form for the victim must be an adult who is responsible for the victim's welfare. Please fill out this application as completely and accurately as possible. Claims will be thoroughly investigated and verified. Incomplete applications will be not processed.

You *may* qualify for financial assistance through Guam's Criminal Injuries Compensation Program if you satisfy the eligibility requirements as follows:

- a) You are filing this application within 18 months from date of injury, death or property damage;
- b) Arrest made *OR* crime reported to police without undue delay;
- c) The act or omission resulted in the death or injury to the victim;
- d) The crime occurred in Guam, *OR* if crime did not occur in Guam, Victim is a resident of Guam and place where crime occurred does not have a criminal injuries compensation program;
- e) The act or omission resulted from a violent crime enumerated in 8 G.C.A. § 161.55;

An initial review of eligibility will be conducted by the Criminal Injuries Compensation Program and ultimate determination of award will be made by the Criminal Injuries Compensation Commission pursuant to Guam law. The application is available at the Office of the Attorney General, Victim Service Center or on our website at [www.oagguam.org](http://www.oagguam.org).

**Completed applications can be mailed to:**

The Office of the Attorney General of Guam  
Criminal Injuries Compensation Commission  
590 S. Marine Corps Drive, Suite 901  
Tamuning, Guam 96931

**Or contact us for assistance:**

Nicole Borja, CICC Administrative Assistant  
[nborja@guamag.org](mailto:nborja@guamag.org)  
(671) 475-3324 ext. 5432

Joann Agustin, Supervisor, Victim Service Center  
[jagustin@guamag.org](mailto:jagustin@guamag.org)  
(671) 475-2587 / (671) 475-3324 ext. 6015

Received by:

CICC #:

Date Received:

Response Letter Date: (20 business days):

## Criminal Injuries Compensation Commission

Violent Crimes as listed in 8 G.C.A. § 161.55

### The crimes to which this Chapter applies are the following:

- |     |  |  |
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| 1.  | Aggravated Murder  | 9 G.C.A § 16.30                          |
| 2.  | Murder   | 9 G.C.A § 16.40                          |
| 3.  | Manslaughter   | 9 G.C.A § 16.50                          |
| 4.  | Aggravated Assault   | 9 G.C.A § 19.20                          |
| 5.  | Assault  | 9 G.C.A § 16.30                          |
| 6.  | Kidnapping   | 9 G.C.A § 22.20                          |
| 7.  | Felonious Restraints   | 9 G.C.A § 22.30                          |
| 8.  | Child Stealing   | 9 G.C.A § 22.40                          |
| 9.  | Custodial Interference   | 9 G.C.A § 22.50                          |
| 10. | Criminal Sexual Conduct (1 <sup>st</sup> Degree)   | 9 G.C.A § 25.15                          |
| 11. | Criminal Sexual Conduct (2 <sup>nd</sup> Degree)   | 9 G.C.A § 25.20                          |
| 12. | Criminal Sexual Conduct (3 <sup>rd</sup> Degree)   | 9 G.C.A § 25.30                          |
| 13. | Criminal Sexual Conduct (4 <sup>th</sup> Degree)   | 9 G.C.A § 25.35                          |
| 14. | Assault with Intent to Commit Sexual Conduct   | 9 G.C.A § 25.35                          |
| 15. | Driving While Impaired   | 9 G.C.A § 92102                          |
| 16. | Driving While Impaired with Child on Board:<br>Felony Punishment, provided a child under the age<br>Sixteen (16) was injured as a result of an accident in<br>which the vehicle operated by the person charged<br>with the above violation was charged | 9 G.C.A § 92109                          |
| 17. | Vehicular Negligence: Bodily Injuries  | 9 G.C.A § 92108                          |
| 18. | Vehicular Homicide While Driving Impaired: Felony<br>Punishment  | 9 G.C.A § 92111                          |
| 19. | Drinking While Driving a Motor Vehicle: Misdemeanor<br>Punishment  | 9 G.C.A § 92111                          |
| 20. | Stalking   | 9 G.C.A § 19.70                          |
| 21. | Family Violence (3 <sup>rd</sup> Degree Felony and Misdemeanor)<br>and Violation of a Court Order (Misdemeanor)  | 9 G.C.A Chapter 30                       |
| 22. | Solicitation of Children and Child Pornography   | 9 G.C.A Chapter 25A                      |
| 23. | Robbery  | 9 G.C.A Chapter 40                       |
| 24. | Aggravated Arson and Arson   | 9 G.C.A §§ 34.20 and 34.30               |
| 25. | Home Invasion  | 9 G.C.A §§ 37.210 and 34.220             |
| 26. | Carjacking   | 9 G.C.A §§§ 37.310, 34.320<br>and 37.330 |



## CRIMINAL INJURIES COMPENSATION APPLICATION FORM

**CICC #:**

**Response Letter Date:**

**Rec'd by / Date Rec'd:**

Date of Submission:	Assigned Advocate:
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**Section 1. Victim Information: (Person who was injured, deceased or property owner with damage)**

First Name:	Middle Name:	Last Name:	
Mailing Address:	House/Apt#:	City:	State: Zip Code:
Home Phone:	Work Phone:	Cell Phone:	
Physical Address:	Do you need the assistance of an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:	Date of Birth:		Driver's License Number:
Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>	If Victim is deceased, date of death:		

**Section 2. Applicant Information: (Complete this section if the victim is a minor, incapacitated or deceased)**

First Name:	Middle Name:	Last Name:	
Mailing Address:	House/Apt#:	City:	State: Zip Code:
Home Phone:	Work Phone:	Cell Phone:	
Physical Address:	Do you need the assistance of an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:	Date of Birth:		Driver's License Number:
Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>	Your Relationship to the Victim:		

**Section 3. What kind of assistance are you applying for?**

- Medical Expenses     Funeral / Burial Expenses     Loss of Wages/Support     Property Damage
- Other: \_\_\_\_\_

**Section 4. Optional Contact Person:**

First Name:	Middle Name:	Last Name:
Contact Person's Number:	Relationship to Victim:	Email:

**Section 5. Attorney Information:**

Have you retained an attorney to advise you in this application for compensation?  
 Yes     No     Undecided

If yes, name of attorney:	Contact Number:
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**Section 6. Criminal Case Information:**

Police Report # / Court Case #:	Name of Defendant:
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Date of Incident:	State/Territory/Country where crime occurred:
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Brief description of the incident:

Describe the injuries or financial loss resulting from the incident:

**Section 7. Insurance Information:**

Do you have medical and/or dental insurance?  
 Yes     No

If yes, name of Insurance Co./ Policy #:

If the crime involved your vehicle, have you filed a claim on your insurance?     Yes     No

If yes, name of Insurance Co./Policy #:

If the crime involved your vehicle, have you filed a claim on the offender's insurance?     Yes     No

If yes, name of Insurance Co./Policy #:

If the crime occurred in your home or on your property, have you filed a claim on your homeowner's insurance?  
 Yes     No

If yes, name of Insurance Co./Policy #:

If the crime occurred at your place of employment, have you filed a Workman's Compensation claim?  
 Yes     No

If yes, Workman's Compensation Claim #:

Have you received or expect to receive any payment as a result of this crime?  
 Yes     No

If yes, source \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Section 8. Federal Inquiry Pursuant to 42 U.S.C. Section 10602(b)(8):**

Have you ever been convicted of a federal crime?  
 Yes     No

If yes, were you ordered by the Court/Judge to pay fines and/or restitution?     Yes     No

If yes, are you current in paying your fines and/or restitution?  
 Yes     No

Case No.:

Assigned Probation Officer:

**Section 9. Optional for Statistical Purposes Only:**

Is the victim disabled?     Yes     No

If yes, was the victim disabled prior to the incident?     Yes     No

Ethnicity of victim?     Chamorro     FSM (please specify) : \_\_\_\_\_     Caucasian

Filipino     Asian (please specify) : \_\_\_\_\_     Other: \_\_\_\_\_

**Section 10. Information Release:**

The Criminal Injuries Compensation Commission is required to investigate all information provided in the application for compensation pursuant to 8 G.C.A. Chapter 161. This authorization to disclose records will be used to gather pertinent information from law enforcement, employment, insurance, financial and medical facilities and all other providers listed in this application, to determine whether the applicant is eligible to receive compensation. All Information, documentation and statements attached to this application shall remain confidential, unless otherwise required by law.

Applicant: \_\_\_\_\_ Date/ Time: \_\_\_\_\_  
(Print & Sign)

**Section 11. My Promise to the Program:**

As required by Guam law, I will contact and repay the Criminal Injuries Compensation Program if I, or anyone on my behalf, receives from any source (*i.e.* from the offender or from any person on behalf of the offender, or from public or private funds, and which amounts or benefits result from or are in any manner, directly or indirectly, attributable to the injury or death which gave rise to the award). Repayment includes, but is not limited to the following: (a) restitution payments, (b) medical insurance, (c) car insurance, etc. The Commission will not deduct death benefits received or insurance policy benefits covering the life of a deceased victim. I understand I may be responsible for repaying the Criminal Injuries Compensation Fund any amount for which is later determined that I was not eligible. *8 G.C.A. § 161.100.*

I declare under penalty of perjury under the laws of Guam that all information I have provided is true, correct and completed to the best of my knowledge and belief. I understand that I may be found ineligible for benefits, and that action may be taken to recover benefits I receive if I provide information that is false, intentionally incomplete or misleading.

Applicant: \_\_\_\_\_ Date/ Time: \_\_\_\_\_  
(Print & Sign)

**The Criminal Injuries Compensation Program operates pursuant to Guam Law, the Victims of Crime Act of 1984 (VOCA), codified at 42 U.S.C. §§ 10601-10605, and all other relevant federal laws.**