

4 Tell us about the suspect. Suspect's name (if you know): JEFFREY ERSTEIN

- Has the suspect been arrested for this crime? Yes No
 Has the suspect been prosecuted for this crime? Yes No Not Yet
 Does the suspect live in the same house as the victim OR is the suspect a member of the victim's family? Yes No
 Has the court issued an order of protection in this case? Yes No (If Yes, attach a copy.)
 Has the DA asked the court to order restitution? Yes No Not Yet ?
 Did the court order the suspect to pay restitution? Yes (Amount \$ _____) No Not Yet

NOTE - If you are eligible for compensation, the OVS may be able to reimburse for the expenses listed below. These items should also be requested as part of court ordered restitution. Applicants are encouraged to share this information with prosecutors if there is a criminal case. See the Court Ordered Restitution Information page for important information about restitution.

5 Tell us about your expenses related to this crime. (Check all that apply.)

- Medical/Ambulance Loss of Support Lost Wages Personal Transportation
 Crime Scene Cleanup (Death Claim Only) DV Shelter Medical/Counseling
 Security Device/System Vocational/Rehabilitation Moving/Storage Court
 Counseling Funeral/Burial Essential Personal Property
 Other (Explain): _____

6 List any essential personal property, like cash, eyeglasses, or clothing that needs to be replaced because of this crime. (If none, skip to 7.)

Describe what was lost/damaged:	Cost	Describe what was lost/damaged:	Cost
1. _____	\$ _____	4. _____	\$ _____
2. _____	\$ _____	5. _____	\$ _____
3. _____	\$ _____	6. _____	\$ _____

Homeowner/Renter Insurance Company	Policy or ID #	Deductible \$
Auto/Other Insurance Company	Policy or ID #	Deductible \$

— If there were no injuries and you are only asking for essential personal property benefits, skip to 15. —

7 Tell us about the victim's or the parent's employment and insurance for Lost Wages.

If you do not want us to contact your employer, you cannot ask to be reimbursed for Lost Wages. (Skip to 8.)

- Was the victim/parent of hospitalized minor victim employed when the crime happened? Yes No (If No, skip to 8.)
 Did the victim/parent of hospitalized minor victim miss work because of the crime? Yes No
 Was the victim/parent self-employed? Yes No (If Yes, attach copies of last year's federal tax return and all schedules.)

Employer's Name, Address, and Phone #:

Employer _____ Street _____ City _____ State _____ Zip Code _____ Phone # _____

Other Employer's Name, Address, and Phone #:

Employer _____ Street _____ City _____ State _____ Zip Code _____ Phone # _____

Name, Address, and Phone # of doctor who certified victim could not go to work:

Doctor _____ Street _____ City _____ State _____ Zip Code _____ Phone # _____

Tell us about any insurance company that will cover the victim's lost time at work. (If none, write "None" below and skip to 8.)

Policy or ID # or "None"		Policy or ID # or "None"	
1. Unemployment Insurance		5. Workers' Compensation	
2. Disability Insurance		6. Other insurance	
3. Pension Plan		7. Social Security Benefits (ssn required)	SSN _____
4. Other insurance		8. SSI Benefits (ssn required)	SSN _____

8 If the victim died, fill out below if you have any burial expenses. (If not, skip to 9.)

Also, attach a copy of the funeral home contract, other bills for burial expenses, and a photocopy of the Death Certificate, if you have them.

Name of Funeral Home: _____ Phone #: _____

Address: _____ Street _____ City _____ State _____ Zip Code _____