

FORENSIC INTERVIEW PROGRAM

INSTRUCTIONS

To expedite the processing of your claim, please submit a complete **Forensic Interview Application Packet**, which includes items 1 thru 2 below.

1

Fill out and sign the attached application.

2

Collect the required documents and attach to your application.

3

Mail the complete application packet to **Criminal Justice Coordinating Council, Forensic Interview Program**
104 Marietta Street NW, Suite 440
Atlanta, GA 30303

The victim or their parent/legal guardian may apply to CVCP to be considered for other benefits (i.e. medical, counseling, or lost/wages/loss of support). You can visit our website to get additional information about the CVCP and download the CVCP application.

Office: (404) 657-2222
Toll Free: (800) 547-0060
TTY: (404) 463-7650
Fax: (404) 463-7652
crimevictimscomp.ga.gov

**GEORGIA CRIME VICTIMS
COMPENSATION PROGRAM**
CRIMINAL JUSTICE COORDINATING COUNCIL



The Forensic Interview Program can pay for the cost of a forensic interview up to \$200.00 per victim, per victimization for crimes occurring in Georgia on or after July 1, 2014. Please note that the request for payment must comply with the following provisions.

PLEASE NOTE

- The Forensic Interview (FI) must be for a person who is less than 18 years of age or a developmentally disabled adult.
- The FI must be conducted in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a Child Advocacy Center.
- The results of the FI must be for identification of the interviewee's needs, including social services, personal advocacy, case management, substance abuse treatment, and mental health services. As such, a copy of the referral information must be submitted with the Application for Payment. If no referral made, a statement must be provided on the reason(s) no referrals were given to the victim. The provider may submit this information on their agency's form(s) or on the attached Forensic Interview Referral Document (FIRD).
- The interviewer must have specialized training to conduct FIs appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults.
- The interviewer must submit a copy of their license or training certificate with the initial Application for Payment.
- The Agency Executive Director must submit a Forensic Interviewer Funding Certification Document annually for any forensic interviewer employed by their Agency/Organization before payment can be disbursed.
- All sections of the Application for Payment must be completed. Incomplete applications will not be processed and a letter will be mailed noting the reason the application is incomplete. Incomplete applications will be returned after 30 days.
- We must have an eligible application with the original signature of the person that conducted the FI **AND** the Agency Executive Director or their designee on file before we can remit payment.
- All charges/services associated with the FI must be itemized and submitted with the Application for Payment, and only those expenses for the actual FI will be considered for payment.

**FORENSIC
INTERVIEW
PROGRAM**

104 Marietta Street
Suite 440
Atlanta, GA 30303

Office (404) 657-2222
Fax (404) 463-7652
Toll Free (800) 547-0060
TTY (404) 463-7650

www.crimevictimscomp.ga.gov

APPLICATION

O.C.G.A. § 17 -15-16 provides that a forensic interview may be paid for by the Forensic Interview Program for crimes occurring in Georgia on or after July 1, 2014. The Forensic Interview Program can pay up to \$200.00 per victim, per victimization (when funding is available) if the interview is for a person who is less than 18 years of age or a developmentally disabled adult, the interview is conducted in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a child advocacy center; and the results of the interview will be for the identification of the interviewee's needs, including, but not limited to social services, personal advocacy, case management, substance abuse treatment, and mental health services.

SECTION 1. VICTIM'S INFORMATION		In this section, please provide information about the victim.	
Victim Name (First, Middle, Last)	Victim Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Victim Date of Birth (MM/DD/YY) / /	
Victim Social Security Number (or TIN)	If 18 or older, is the victim developmentally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Demographic Data (For Statistical Use Only)			
RACE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White/Non-Latino/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Race _____			
If 17 or older, is the victim a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the victim disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the disability as a result of the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 2. VICTIM'S PARENT/LEGAL GUARDIAN INFORMATION		In this section, please provide information about the Victim's Parent/Legal Guardian or caregiver.	
Victim's Parent/Legal Guardian Name (First, Middle, Last)	Best Contact Phone Number	Relationship to Victim	
Street Address (including apartment #)	City	State	Zip Code
Demographic Data (For Statistical Use Only)			
RACE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White/Non-Latino/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Race _____			
Is the victim's parent/legal guardian a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the victim's parent/legal guardian disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 3. CRIME INFORMATION		Completing the below section is optional if you include a police /incident report, a FI Law Enforcement or DFCS Verification Form, or the intake report from child or adult protective services with your application.	
Type of Crime Reported	Location of Crime (City and State)	Date of Crime (MM/DD/YY) / /	Date Crime Reported (MM/DD/YY) / /
Agency Crime Reported To	Report/Law Enforcement Agency Case Number	Officer/Investigator Name	
Did the incident or alleged incident occur while the victim was in state custody (e.g. DFCS, APS, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was the victim in state custody due to the victimization for which you are seeking reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 4. FORENSIC INTERVIEW INFORMATION		In this section, please provide information about the forensic interview.	
Name of Facility	Date of Forensic Interview (MM/DD/YY) / /	Length of Interview	HR: MINS
Street Address (City, State, Zip Code)	Facility Phone Number		
Has the Forensic Interviewer Funding Certification Document been submitted within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 5. REMIT TO		In this section, please indicate the facility or individual who should receive payment and claim updates.	
Name of Facility or Individual	FEI Number or Social Security Number		
Street Address (City, State, Zip Code)			
Communication Preference for claim updates? <input type="checkbox"/> Email <input type="checkbox"/> Mail	Phone Number	Email Address	

**SECTION 6
CRIME VICTIMS COMPENSATION PROGRAM**

In this section, please indicate which one applies.

- Our Agency helped the victim with completing and/or submitting the required Victims Compensation application and documents.
- Our Agency only told the victim about the Victims Compensation Program or shared materials about the Program with the victim.

The victim may apply for benefits offered through the Crime Victims Compensation Program for other expenses incurred as a result of the victimization to include the following:

- Medical Expenses: up to \$15,000
- Counseling Expenses: up to \$3,000
- Crime Scene Sanitization Expenses: up to \$1,500
- Funeral Expenses: up to \$6,000
- Economic Support Expenses: up to \$10,000

**SECTION 7.
INTERVIEWER ACKNOWLEDGEMENT**

This section must be read and signed by the person who conducted the Forensic Interview.

With my signature, I declare and affirm under penalty of perjury, pursuant to O.C.G.A. § 17-15-11, that the information provided above in Sections 1 and 4; as well as the statements listed below on this Application for Payment are true and correct:

- 1** I have specialized training to conduct forensic interviews appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults. **(Please attach a copy of license or training certificate)**
- 2** The interview was conducted as a part of an investigation of an alleged crime and in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a child advocacy center.

Name of Forensic Interviewer (Printed) _____

X _____ Date: (MM/DD/YY) ____/____/_____
Forensic Interviewer's Signature

**SECTION 8.
AGENCY ACKNOWLEDGEMENT**

This section must be read and signed by the Executive Director or their designee.

With my signature, I declare and affirm under the penalty of perjury, pursuant to O.C.G.A. § 17-15-11, that the information provided above in Sections 1-7; as well as the statements listed below on this Application for Payment are true and correct:

- 1** I confirm that the victim listed in Section 1 of this application is not identified as the offender/suspect in this incident or alleged incident for which the forensic interview was conducted.
- 2** I confirm that the victim/witness listed in Section 1 of this application was physically present during the commission of the incident/alleged incident for which the forensic interview was conducted.
- 3** I confirm the interview is not a 2nd follow-up interview for which we have already billed the Crime Victims Compensation Program.

Name of Executive Director or Designee (Printed) _____

X _____ Date: (MM/DD/YY) ____/____/_____
Signature of Executive Director or Designee

Send the completed Application for Payment and required documentation to the Criminal Justice Coordinating Council, Forensic Interview Program - **104 Marietta Street NW, - Suite 440 - Atlanta GA 30303**. If you have questions, please call (404) 657-2222 or (800) 547-0060. You can also visit our website at crimevictimscomp.ga.gov for more information.