

CITY OF LAMAR VICTIM AND LAW ENFORCEMENT (V.A.L.E.)
ASSISTANCE REQUEST FORM

VICTIM'S NAME: _____

CASE NUMBER: _____ DATE OF OFFENSE: _____

ADDRESS: _____ POST OFFICE BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ WORK PHONE: _____

1. Did you have any property damage as a result of this offense? _____

2. Please give a description of your property and explain how it was damaged:

Estimated Cost to Repair Your Property \$ _____

3. To receive payment for your damaged property you must provide either:

Two (2) Official repair estimates for the repair of your property

OR

a receipt for the completed repairs to your property.

4. Have you incurred any other expenses or losses as a result of this incident? _____ If yes, please describe. _____

5. If your home was damaged, what is the name of your **homeowner insurance**? _____
Phone number _____ **Deductible amount:** _____

6. If your vehicle was damaged, what is the name of your **vehicle insurance**? _____
Phone number _____ **Deductible amount:** _____

7. Did insurance cover any of the expenses you incurred as a result of this incident? _____

8. Funds in the amount of \$ _____ are requested. (*Not to exceed \$250.00 for any one incident of property damage*)

9. Do you fear any reprisals from the defendant? _____ If yes, please explain: _____

10. If a plea agreement was reached in your case, do you feel you had adequate input into the agreement?
_____ Do you feel the agreement is a fair outcome on your case? _____ If you think the plea agreement
is unfair, would you like the judge to set it aside even though there is a risk that the defendant would be
found not guilty in a trial and go free? _____ Please explain or make any additional comments:

YOU MUST PROVIDE THE NECESSARY INVOICES OR ESTIMATES WHEN TURNING IN YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Signature _____ *Date* _____

Please return the application to the Lamar Police Department or if you have any questions contact the Chief of Police at 719-336-4341.

NOTE: IN ORDER TO BE ELIGIBLE FOR ASSISTANCE FROM THE V.A.L.E. BOARD THE VICTIM MUST AGREE TO THE FOLLOWING:

- * ***MUST FILE REPORT WITH THE LAMAR POLICE DEPARTMENT.***
- * ***BE WILLING TO PROSECUTE IF SUSPECT IS IDENTIFIED.***
- * ***BE WILLING TO COOPERATE WITH POLICE INVESTIGATION.***
- * ***MUST FILE REQUEST FOR VALE ASSISTANCE WITHIN 90 DAYS OF INCIDENT.***
- * ***AGREE TO REIMBURSE THE V.A.L.E. BOARD IF THE VICTIM RECEIVES ADDITIONAL COMPENSATION AS A RESULT OF THIS INCIDENT AT A LATER DATE.***
- * ***THE POLICY OF THE V.A.L.E. BOARD IS TO REIMBURSE FOR ACTUAL EXPENSES BASED ON RECEIPTS THAT MUST BE PROVIDED TO THE BOARD. ALL BOARD DECISIONS ARE FINAL.***
- * ***REPAIRS MUST BE COMPLETED IN ORDER TO RECEIVE ANY FINANCIAL COMPENSATION.***
- * ***APPLICATION MUST BE SIGNED BY APPLICANT.***
- * ***MUST PROVIDE TWO (2) WRITTEN REPAIR ESTIMATES FOR THE REPAIR OF YOUR PROPERTY OR A RECEIPT FOR THE COMPLETED REPAIRS WITH YOUR APPLICATION.***