

**PROPERTY CRIME COMPENSATION APPLICATION FORM**  
**PLEASE REVIEW CRITERIA FOR ASSISTANCE BEFORE COMPLETING**

Date of Crime: \_\_\_\_\_ Victim's Name: \_\_\_\_\_

Victim's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone No. Type: ☐ Work ☐ Home ☐ Cell ☐ Other

Name of Alleged Offender (If known): \_\_\_\_\_

Description of Crime: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ Relationship to Victim: \_\_\_\_\_

Claimant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone No. Type: ☐ Work ☐ Home ☐ Cell ☐ Other

Description of Damage/Loss: \_\_\_\_\_

Amount of Funding Being Applied for: \_\_\_\_\_

Estimate or Repair Invoice Attached? Yes ☐ No ☐ Date of Estimate: \_\_\_\_\_

Please answer all questions; compensation will not be considered unless all questions are answered:

Yes    No

\_\_\_\_    \_\_\_\_    Has the crime been reported to an appropriate law enforcement agency?

Agency Name: \_\_\_\_\_ Report #: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Have you been named as an accomplice in the crime which resulted in this loss?

\_\_\_\_    \_\_\_\_    Have you recovered any of this loss from another agency (insurance company or other)?

\_\_\_\_    \_\_\_\_    Do you have insurance to cover this loss? Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Deductible: \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Have you or a family member applied for assistance from this fund within the past 12 months? If yes, please explain: \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Would paying for this expense on your own create a financial hardship for your household?

Annual household income: \_\_\_\_\_

Please identify the law enforcement agency investigating this incident:

\_\_\_\_ Sheriff    \_\_\_\_ Police    \_\_\_\_ Highway Patrol    \_\_\_\_ Kansas Bureau of Investigations    \_\_\_\_ Federal Agency

***Please return this completed application to:***  
***Property Crime Compensation Board***  
***c/o Douglas County District Attorney's Office***  
***111 E. 11<sup>th</sup> Street, Unit 100***  
***Lawrence, KS 66044***

Kansas Law allows compensation for property loss/damage caused by the acts of unknown criminals if the crime is reported within 72 hours to law enforcement and application for compensation is made within 60 days of the crime. If the crime is a misdemeanor, payment can be made up to \$250. If the crime is a felony, payment can be made up to \$500. There is a limit of two payments to the same victim in a twelve-month period. If compensation is paid and then is paid by an insurance company or otherwise reimbursed to the victim, the victim agrees to reimburse the fund for the amount paid. Police report(s) and estimates must be attached to this application.

The **Douglas County Property Crime Compensation Board** oversees an emergency-based fund which can assist victims of property crime in Douglas County. When your application is received it is reviewed by the Property Crime Compensation Board. The board of directors determines whether an application is approved for assistance without consideration of race, color, national origin, religion, sex, disability, and age.

*If a criminal case is filed against the perpetrator of the crime, you will receive information from the District Attorney's Office and forms to complete.* The pink application for assistance from the Douglas County Property Crime Compensation Board does **NOT** in any way take the place of the application for restitution and/or the victim impact statement. Those forms should be completed and returned to the Victim/Witness Unit in the District Attorney's Office. If your application is denied it does NOT mean that the restitution in your case will not be considered and/or ordered upon conviction and sentencing of the defendant(s). There does not have to be a criminal case filed in order to apply for compensation through the Property Crime Compensation Fund.

**If you have further questions, please contact us at (785) 841-0211 or [davictimadvocate@dgcoks.gov](mailto:davictimadvocate@dgcoks.gov).**

The basic **Criteria for Assistance** are as follows:

1. There must not be any other means to pay for the repair/replacement of the property.
2. Danger, injury, illness or loss of livelihood, as a direct result of property loss/damage, must be an immediate concern.
3. This does NOT include wage lost to obtain estimates or repairs but includes tools necessary and depended upon to generate income from a self-owned business.
4. The property loss/damage must be documented with an attached estimate for repair or receipt for repair.
5. You must report the crime to the appropriate law enforcement agency within 72 hours of the crime being discovered.
6. You must apply to the Douglas County Property Crime Compensation Board within 60 days of the crime.
7. The crime must occur in Douglas County.

**Maximum awards are \$250 for misdemeanors, \$500 for felonies.**

STATE OF KANSAS  
Seventh Judicial District  
District Attorney's Office

Each year in Douglas County, thousands of people become victims of property crime. In many circumstances, victims do not have the financial resources to replace or repair their property. Often, the property damaged or stolen is vital to their welfare or their livelihood.

The Douglas County Property Crime Compensation Board has been established to assist those victims with no other available resources when an immediate need is recognized.

The Douglas County District Attorney's Office is committed to protecting its citizens. We are also committed to supporting and assisting crime victims. Through the Property Crime Compensation Fund, victims who have been without financial resources may qualify for assistance.

It is our goal that this fund will immediately assist victims of crime and prevent further harm.

Sincerely,



Dakota T. Loomis  
District Attorney

**PROPERTY CRIME  
COMPENSATION FUND  
INFORMATION & APPLICATION**



**Douglas County Property Crime  
Compensation Board**

Douglas County  
District Attorney's Office  
111 E. 11<sup>th</sup> Street, Unit 100  
Lawrence, KS 66044  
(785) 841-0211 Main  
(785) 330-2836 Fax

[DAVictimAdvocate@dgcoks.gov](mailto:DAVictimAdvocate@dgcoks.gov)