

NCVAN Direct Services : Co Victims of Homicide Application for Reimbursement

AGENCY INFORMATION	VICTIM INFORMATION
Contact Name:	Deceased Victim(s) Names(s):
Agency:	County/District
Address: City: State:	Defendant's name:
Phone:	Case/Docket Number:
Fax:	Crime:
Email:	Type of Hearing (Please check with Project Director if jury selection is attended)

Co-Victim/Loved One of Homicide Victim

Name:	<input type="checkbox"/> By checking this box, I verify the recipient is not a witness in the case.
Address:	City: State:
Phone:	Email Address:
Relationship to Victim:	
Please give a brief description of the recipients needs/circumstances:	

TRAVEL INFORMATION

Expected Date of Court Proceeding:	Expected Length of Court Proceeding:
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Please check all that apply.

___ Recipient will need lodging

___ Recipient will need meal reimbursement (itemized receipts required for meals; not a flat per diem rate)

___ Recipient will use rental car

___ Recipient will use personal car

___ Recipient will be traveling by air

___ Recipient is not a witness for the State

The following outlines the maximum number of loved ones and types of reimbursements permitted under this grant. All original itemized receipts must accompany reimbursement form(s) when submitted.

A maximum of three (3) qualifying loved ones are eligible (one application per person).
Air Travel will be permitted with a round-trip maximum of \$500.00 per ticket.

Per diem caps per meal* B: \$10.60 L: \$14 D: \$24.40

*Must submit itemized receipts for meals. Gratuity is not reimbursable. Alcohol is not reimbursable.

Please return completed application form to: info@nc-van.org / Fax: 919 831 0824 or mail to:

NCVAN
P.O. Box 32173
Raleigh, NC 27622

Questions: email the Project Director – info@nc-van.org