



OFFICE OF SALINE COUNTY ATTORNEY

**John Reynolds**  
300 West Ash, Room 110  
Salina, Kansas 67401-5040

(785) 309-5815  
Fax: (785) 309-5816

VICTIM SERVICES

**Megan Kincaid-Heidel**  
Restitution  
**Matt Johnson**  
Diversions  
**Brittani Allison**  
Victim Witness

**APPLICATION FOR CRIME VICTIM FUND**

VICTIM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MONTHLY INCOME OF HOUSEHOLD: \_\_\_\_\_

NO. OF PERSONS IN HOUSEHOLD: \_\_\_\_\_

NO. OF DEPENDENTS: \_\_\_\_\_ AGES: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ SUSPECT: \_\_\_\_\_

LAW ENFORCEMENT CASE NUMBER: \_\_\_\_\_

BRIEFLY DESCRIBE THE CRIME:

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BRIEFLY DESCRIBE THE MONETARY LOSS:\*\*\*

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**\*\*\*Please provide estimates, bills, receipts for all loss.**

Do you have insurance that might cover this loss? \_\_\_\_\_

**INSURANCE INFORMATION: Provide proof of insurance**

Company Name: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Type of Coverage: Full deductible amount \_\_\_\_\_  
Liability only \_\_\_\_\_

**RELEASE OF RECORDS AUTHORIZATION**

I hereby authorize any hospital, physician or other person who attended or examined me, or other person who rendered services, any employer or victim, any police or other local, state or federal governmental agency including state and federal revenue sources, any insurance company or organization having knowledge to furnish the Saline County Reparation Fund or its representative, any and all loss and the claim made for compensation. A photocopy of this authorization is effective and valid as the original.

I hereby swear that all the above statements are true to the best of my knowledge and belief. I promise to repay the Saline County Reparation Fund if I receive payment for the same items from the person who committed the crime, from the insurance or from any governmental agency or other source.

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**Signature****Date**

PLEASE RETURN THIS FORM TO:

Saline County Attorney's Office  
Crime Victim Reparation Fund  
300 West Ash, Room 110  
P.O. Box 5040  
Salina, KS 67402-5040

(785) 309-5815