

DEPARTMENT OF CRIME VICTIM COMPENSATION (DCVC)

Publication Request Form Fax to: 803.734.1708 or

Mail to: Edgar Brown Building, 1205 Pendleton Street, Rm. 401 Columbia, South Carolina 29201

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| | ill fill publication requests based on our su eeks for delivery. All publication items can | | | re mailed in limited quantities. Please allow at least at www.sova.sc.gov |
| Appl | ications: (mailing max 20) | | | |
| | Application Packet with Supplemental Forms | S | | |
| DCV | C Brochures: (mailing max 25) | | | |
| | Crime Victim Compensation | | | DCVC in the Schools |
| | Bullying | | | Restitution and Subrogation |
| | Compensation Benefits for Sexual Assault | | | Outreach Services |
| DCV | C Flyers: (mailing max 10) | | | |
| | DCVC Victim Resource Guide (PDF) | | | |
| | Payment and Reimbursement at a Glance (I | PDF) | | |
| | Notice to Medical Providers and Debt Colle | ection Agencies (PDF) | | |
| | SC Crime Victims' Rights (PDF) | | | |
| DCV | C Posters: (mailing max 10) | | | |
| | Being a Kid Shouldn't Hurt 8.5 x 11 | | | Scared at School 8.5 x 14 |
| | College Victims 8.5 x 11 | | | Sexual Assault is a Crime 8.5 x 11 |
| | Domestic Violence (Baby) 8.5 x 11 | | _ ′ | The Perfect Guy 8.5 x 11 |
| | Domestic Violence 8.5 x 11 | | | Victims' Rights |
| | Burial/Funeral Assistance 8.5 x 11 | | | You are never too Old 8.5 x 11 |
| | Gang Violence 8.5 x 11 | | | Outreach Services 8.5 x 11 |
| | High School can be Rough 8.5 x 14 | | | |

| DCV | C Spanish Documents: (mailing max 20 application | ns and <u>20 of supplemental forms</u>) | |
|------------|---|--|------------|
| | Application Packet | ☐ Physician's Disability Report | |
| | Payment and Reimbursement at a Glance (PDF) | ☐ Physician's Disability Loss of Support | |
| | Employer's Lost Wages Support Report | ☐ Funeral Case Status Form | |
| | Self- Employment Verification of Loss Wages | ☐ Memorandum of Understanding | |
| | Mental Health Counselor's Report | ☐ Eligibility Criteria | |
| | Additional Counseling Session Form | | |
| DCV | C Spanish Brochures: (mailing max 25) | | |
| | Crime Victim Compensation | | |
| | Compensation Benefits for Sexual Assault | | |
| | Bullying | | |
| DCV | C Spanish Posters: (mailing max 10) | | |
| | Domestic Violence (Couple) 8.5 x 11 | ☐ Domestic Violence (Family) 8.5 x 11 | |
| | Domestic Violence (Friend) 8.5 x 11 | □ Victims' Rights 8.5 x 14 | |
| DCV | C Auditing Publications: (mailing max 20) – These | e documents can be found under the Auditing Tab on the | he website |
| | Auditing Brochure | ☐ Crime Victim Advocate Statistical Report | |
| | Magistrate Court-Act 141 Flyer | ☐ Act 141 Victim Witness Staff Report | |
| | Municipal Court-Act 141 Flyer | ☐ Victim Advocate Time and Activity Report | Ī. |
| | Victim Assistance Program Tips Flyer | ☐ Act 141 Victim Assistance Expense Report | |
| | Victim Assistance Fines, Fees, and Assessment | ☐ Donation Fund Form | |
| _ | (VAFFA) Fund Sustainability Flyer | ☐ Sample: Non-Profit Allowable Rent Form | |
| | Technical Assistance at a Glance | ☐ Sample: Budget | |
| | Sample: Victim Advocate Percentage Calculator Blank: Victim Advocate Percentage Calculator | | /F \ |
| | Contract Instructions-VAFFA Fund | ☐ Uniform Supplemental Schedule (Legislation | on/Form) |
| | Sample: Contract-VAFFA Fund | ☐ Approved Guidelines for Expenditures | |
| | | Items Requested | |
| | | | |
| DATE | FOR DCVC EMAILEDT | C USE ONLY: OTAL AMOUNT MAILED | |
| | C COMMENTS | | |