

**TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION**

Control _____ Department or Agency Crime Victims' Compensation Commission
Rule No. 262-x-4-.09

Rule Title: Homicide Victims and Minor Victims

X New _____ Amend _____ Repeal _____ Adopt by Reference _____

Would the absence of the proposed rule significantly
Harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the
state's police power and the protection of the
public health, safety, or welfare? Yes

Is there another, less restrictive method of
regulation available that could adequately protect
the public? No

Does the propounded rule have the effect of directly
or indirectly increasing the costs of any goods or
services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the
public than the harm that might result from the
absence of the proposed rule? N/A

Are all facets of the rulemaking process designed
solely for the purpose of, and so they have, as
their primary effect, the protection of the public? Yes

.....
Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is
required to be accompanied by a fiscal note prepared in accordance with
subsection (f) of Section 41-22-23, Code of Alabama 1975.

.....
Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full
compliance with the requirements of Chapter 22, Title 41, Code of Alabama
1975, and that it conforms to all applicable filing requirements of the
Administrative Procedures Division of the Legislative Reference Service.

Signature of certifying officer Cassie T. Jones Cassie T. Jones, Ed.D.

Date February 14, 2014

ALABAMA CRIME VICTIMS' COMPENSATION COMMISSION

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 262-x-4-.09 Homicide Victims and Minor Victims


INTENDED ACTION: New

SUBSTANCE OF PROPOSED ACTION: The Commission proposes to require claimants filing on behalf of homicide victims and minor victims of criminally injurious conduct to complete and submit an affidavit swearing that they are the person legally authorized to act on behalf of the victim.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Interested persons may present their views in writing to the Alabama Crime Victims' Compensation Commission, 5845 Carmichael Rd; Post Office Box 231267, Montgomery, Alabama 36123-1267, or oral comments at 334.290.4420.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written comments shall be received until the close of record at 5:00 p.m. on April 4, 2014. All comments should be addressed to the contact person listed below or oral comments at 334.290.4420.

CONTACT PERSON AT AGENCY: Kim Z. Martin, General Counsel, Alabama Crime Victims' Compensation Commission, 5845 Carmichael RD; Post Office Box 231267, Montgomery, Alabama 36123-1267.


Cassie T. Jones, Ed.D.
Executive Director

262-x-4-.09 Homicide Victims and Minor Victims

a. Homicide Victims

1. A homicide victim's next-of-kin may act as claimant and file for compensation benefits.
2. The claimant must complete and submit the Commission's Affidavit for the Surviving Spouse or Next-of-Kin.
3. If a homicide victim has multiple relatives with the same degree of consanguinity, the relative that files for compensation benefits first shall be the claimant.

b. Minor Victims

1. When the victim of criminally injurious conduct is a minor, the minor victim's parent or legal guardian may act as claimant and file for compensation benefits.
2. The claimant must complete and submit the Affidavit of the Parent or Legal Guardian of a Minor Crime Victim.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed February 14, 2014



ALABAMA CRIME VICTIMS' COMPENSATION COMMISSION

P.O. Box 231267
Montgomery, AL 36123-1267



Cassie T. Jones, Ed.D.
EXECUTIVE DIRECTOR

COMMISSIONERS
Phillip Brown
Sheriff Ray Norris
Miriam Shehane

STATE OF _____)
)
_____ COUNTY)

AFFIDAVIT OF THE PARENT OR LEGAL GUARDIAN OF A MINOR CRIME VICTIM (FOR CLAIMS WITH A MINOR (CHILD) VICTIM ONLY)

I, _____, after having first been duly sworn, do depose and state under oath as follows:
CLAIMANT'S NAME

- I am over the age of nineteen.
- I am the _____ of the victim, _____.
PARENT OR LEGAL GUARDIAN MINOR VICTIM'S NAME
- I am the person legally authorized to act on behalf of the minor victim.
- I understand that this information will be used to determine the minor victim's parent or legal guardian for the purpose of providing crime victims' compensation benefits.
- I understand that knowingly submitting false information to the Alabama Crime Victims' Compensation Commission with the intent to obtain compensation benefits is a violation of section 15-23-21 of the *Code of Alabama (1995)* and is a Class C felony.

Further the deponent sayeth not.

CLAIMANT (PARENT OR LEGAL GUARDIAN)

STATE OF _____)
)
_____ COUNTY)

I, _____, a Notary Public in and for said County and State, hereby certify that,
_____, whose name is signed to the foregoing affidavit, and who is known to me, acknowledged
CLAIMANT'S NAME

before me on this date that, being informed of the contents of said affidavit, he or she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE at _____ County, State of _____, on this the ____ day of _____, 20__.

Notary Public

My Commission expires: _____.



ALABAMA CRIME VICTIMS' COMPENSATION COMMISSION

P.O. Box 231267
Montgomery, AL 36123-1267



Cassie T. Jones, Ed.D.
EXECUTIVE DIRECTOR

COMMISSIONERS
Phillip Brown
Sheriff Ray Norris
Miriam Shehane

STATE OF _____)
)
_____ COUNTY)

AFFIDAVIT FOR THE SURVIVING SPOUSE OR NEXT-OF-KIN (FOR DEATH/HOMICIDE CLAIMS ONLY)

I, _____, after having first been duly sworn, do depose and state under oath as follows:
CLAIMANT'S NAME

1. I am over the age of nineteen.

2. I am the _____
SURVIVING SPOUSE, CHILD, FATHER, MOTHER, BROTHER, SISTER, GRANDPARENT, AUNT, (SPECIFY OTHER RELATIONSHIP)
of the deceased victim, _____
VICTIM'S NAME

4. I understand that this information will be used for the purpose of determining the deceased victim's next-of-kin and providing crime victims' compensation benefits.

5. I understand that knowingly submitting false information to the Alabama Crime Victims' Compensation Commission with the intent to obtain compensation benefits is a violation of section 15-23-21 of the *Code of Alabama (1995)* and is a Class C felony.

NAMES OF SURVIVORS

Please insert the name of living relatives of the deceased victim in the following order of relationship: surviving spouse, children, father and/or mother; brothers and/or sisters; grandparents; aunts and/or uncles, other:

Name	Date of Birth	Address	Telephone Number	Relationship

EXECUTED ON THE FOLLOWING PAGE

Reach for our helping hand.

334-290-4420 334-290-4455 (fax) 1-800-541-9388 (victims only)
www.acvcc.alabama.gov

CLAIMANT'S INITIALS

