

**OFFICE OF THE ATTORNEY GENERAL  
VICTIM COMPENSATION DIVISION**

P.O. Box 220  
Jackson, MS 39205-0220  
Phone: 1-800-829-6766 or 601-359-6766  
Fax: 601-576-4445

**AUTHORIZED CONTACT - REQUEST FORM - (Optional)**

**This form may only be completed by the victim**

If you would like for someone, in addition to yourself, to have permission to speak with this Division about your Victim Compensation Claim, you must complete this form and return it to this office. NOTE: A provider may not be an authorized contact.

**INSTRUCTIONS:** To add an Authorized Contact, please complete **all** sections of this form, sign and return the completed form to the Victim Compensation Division at the address or fax number above. NOTE: A witness signature is also required. The witness cannot be the "authorized contact."

Victim Compensation Claim Number: \_\_\_\_\_

**Your Information (Please Print):**

Victim's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Authorized Contact Information (Print the name and contact information of the person who may speak with the Victim Compensation Division about your victim compensation claim.):**

Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ (home or cell), \_\_\_\_\_ (work)

*I authorize the Victim Compensation Division to speak with the above named person on my behalf regarding my Victim Compensation Claim, within the limits allowed by law and administrative rule.*

*I understand that authorizing the above named person to speak with the Division about my claim is voluntary.*

*I will contact the Division if the authorized contact's contact information changes or if I choose to withdraw this authorization.*

\*Victim's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

\*Both signatures are required. (The witness signature is of someone who is present and actually watches the victim sign this document, but cannot be the "Authorized Contact" named in the box above.)

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**AUTHORIZED CONTACT - REQUEST FORM (Optional)**

**This form may only be completed by the claimant**

If you would like for someone, in addition to yourself, to have permission to speak with this Division about your Victim Compensation Claim, you must complete this form and return it to this office. NOTE: A provider may not be an authorized contact.

**INSTRUCTIONS:** To add an Authorized Contact, please complete **all** sections of this form, sign and return the completed form to the Victim Compensation Division at the address or fax number above. Note: A witness must also sign this document. The witness cannot be the "authorized contact."

Victim Compensation Claim Number: \_\_\_\_\_

Victim Information (Please Print):

Victim's Name: \_\_\_\_\_

Victim's Social Security Number: \_\_\_\_\_, Victim's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your Information (Please Print):

Claimant's (Your) Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Authorized Contact Information (Print the name and contact information of the person who may speak with the Victim Compensation Division about your victim compensation claim.):**

Name: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ (home or cell), \_\_\_\_\_ (work)

*I authorize the Victim Compensation Division to speak with the above named person on my behalf regarding my Victim Compensation Claim, within the limits allowed by law and administrative rule.*

*I understand that authorizing the above named person to speak with the Division about my claim is voluntary.*

*I will contact the Division if the authorized contact's contact information changes or if I choose to withdraw this authorization.*

\*Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

\*Both signatures are required. (The witness signature is of someone who is present and actually watches the claimant sign this document, but cannot be the "Authorized Contact" named in the box above.)