

**State of Mississippi
Office of the Attorney General
Bureau of Victim Assistance
Crime Victims Compensation Division
P. O. Box 220 / Jackson, MS 39205 (601) 359-6766**

Application Claim Status Request

Provider:	
Contact Person:	
Fax:	Phone:
Date:	

Claim Status					
ANY ADDITIONAL INFORMATION MUST BE OBTAINED FROM THE VICTIM/CLAIMANT.					
Victim's Name CVC Claim No. Date of Service	Approved	Pending	Denied or Ineligible	Maximum amount has been paid Date	App. Not Filed

G:\APPS\VICTCOMP\FORMS\FORMS\Claim Status Request Form.frm -- 03/25/04 cag

Please fax this request the last day of the month to (601) 576-4445. Responses will be provided by the 10th working day of the month.