PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
VICTIMS OF CRIME COMPENSATION OFFICE
50 Park Place
Newark, NJ 07102
Telephone: (973) 648-2107 Fax: (973) 648-3937
Website: www.njvictims.org Email: njvictims@njvictims.org

MATTHEW J. PLATKIN
Acting Attorney General

LYNDSAY V. RUOTOLO
Director

MARY ELLEN BONSPER
VCCO Director

Re: Employee:
Social Security No.:
Our Claim No.

Dear Sir/Madam:

A claim for crime victim compensation concerning the above named individual has been filed with the Victims of Crime Compensation Office of the State of New Jersey as the result of injuries on.

Could you please help us process this claim by completing and returning to us the attached questionnaire along with a copy of the employee's pay stub just prior to the incident.

If you have any questions, please contact the Office at 973-648-2107.

Thank you for your cooperation.

Enc.
L-11

Employer:
Address:
,

Claim #:
Employee:
Social Security:
Investigator:

EMPLOYER QUESTIONNAIRE

Occupation _____ Days/hours worked per week: _____
First date absent due to incident:_____ Date returned to work: _____

Please show weekly amounts below:
Gross earnings $ _____ Fed. Income tax $ _____
Net earnings $ _____ State income tax $ _____
City income tax $ _____
Yearly income (quarterly) $ _____

Please indicate employee benefits available, for which the employee is eligible for medical expenses reimbursement or loss of earnings:

____Blue Cross Blue Shield
____Worker's Comp.
____Health Insurance
____Disability benefits
____Group life insurance
____Other (specify)

List benefit providers; amount(s) paid and date(s) of payment(s):
_____
_____
_____

If victim was paid during absence from work, how much sick, vacation, or leave time was lost?
_____
_____
_____

_____
Authorized Signature

_____ _____
Date Title