



**PHILIP D. MURPHY**  
*Governor*

**TAHESHA L. WAY**  
*Lt. Governor*

**State of New Jersey**  
**OFFICE OF THE ATTORNEY GENERAL**  
**DEPARTMENT OF LAW AND PUBLIC SAFETY**  
**DIVISION OF VIOLENCE INTERVENTION AND VICTIM ASSISTANCE**  
**VICTIMS OF CRIME COMPENSATION OFFICE**  
**50 Park Place**  
**Newark, NJ 07102**  
**Telephone: (973) 648-2107 Fax: (973) 648-3937**  
**Website: [www.njvictims.org](http://www.njvictims.org) Email: [njvictims@njvictims.org](mailto:njvictims@njvictims.org)**

**MATTHEW J. PLATKIN**  
*Attorney General*

**PATRICIA TEFFENHART**  
*Executive Director*

**MARY ELLEN BONSPER**  
*VCCO Director*

Physical Therapist

Re: Patient:  
Date of Birth:  
Account No.:  
Our Claim No.:

Dear Sir/Madam:

A claim for crime victim compensation concerning the above named patient has been filed with the Victims of Crime Compensation Office of the State of New Jersey.

Could you please help us process this claim by completing the attached "Physical Therapy Treatment" form.

Attached is a copy of the Authorization to Obtain Records.

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

Thank you for your cooperation.

Sincerely,

Enc.  
L-6

**Victims of Crime Compensation Office  
Physical Therapy Treatment Form**

Patient Name:

Address:

Account #:

Nature of treatment:

Dates of treatment:

Charge per treatment:

Total charges to date:

If any of your charges are covered by insurance, Medicare, Medicaid, Worker's Compensation, etc., please indicate the source of coverage.

How much have you been paid to date?

By whom?

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

**CERTIFICATION FOR RECORDS SUBMITTED TO THE  
VICTIMS OF CRIME COMPENSATION OFFICE**

I hereby certify that the attached records consisting of  
(ie: *medical records of John Doe, police report regarding incident on  
1/1/11*):

\_\_\_\_\_, are  
true, accurate and complete copies of the original records on  
file in this office.

I certify that these records were maintained in the regular  
course of business by (*insert name of business/government entity*):

\_\_\_\_\_. I further certify that  
such records are maintained at or near the time of the relevant  
event.

I certify that I have knowledge as to the authenticity of  
these records and that I have the responsibility of maintaining  
their custody.

I certify that the foregoing statements made by me are true  
and correct to the best of my knowledge. I am aware that if any  
of the foregoing statements made by me are willfully false, I  
may be subject to punishment.

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature:**

**Print name:** \_\_\_\_\_

**Title or Position:** \_\_\_\_\_