

**STATE OF TEXAS  
OFFICE OF THE ATTORNEY GENERAL  
CRIME VICTIM SERVICES DIVISION  
TRAVEL / APPOINTMENT VERIFICATION FORM**

This information is required to calculate mileage and verify the appointment you attended.

1) Victim/Claimant	Social Security Number:	Patient's Name ( <u>attendee at appointment</u> ):	Claim Number:
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Were you subpoenaed for trial on any of the listed dates?    yes \_\_\_ no \_\_\_    **\*\* The last 2 columns on the right MUST be completed/verified by the appropriate individual listed in the last column.**

2) WHAT ARE YOU CLAIMING?  (Check all that apply)	DATE(S) of appointment (number of hours there) or bereavement	Indicate the complete <u>START ADDRESS</u> (physical address/ city/ state/ zip code of residence) <b>TRAVEL MUST BE OVER 20 MILES ONE WAY FROM THE STARTING ADDRESS.</b>	Indicate the complete <u>DESTINATION ADDRESS</u> (name and physical address/ city/ state/ zip code of facility)	<b>**Indicate the type of appointment</b>  (diagnosis code, criminal case/cause # and purpose of appointment, execution, funeral)	<b>** SIGNATURE &amp; printed name*</b> , phone number of Provider/ Counselor, Law enforcement/ Criminal Justice Official, Victim Assistance Coordinator that is verifying the appointment <u>or a copy of bills to verify appointments.</u>
<input type="checkbox"/> Travel <input type="checkbox"/> Lost wages <input type="checkbox"/> Lost Wages for bereavement					
<input type="checkbox"/> Travel <input type="checkbox"/> Lost wages					
<input type="checkbox"/> Travel <input type="checkbox"/> Lost wages					
<input type="checkbox"/> Travel <input type="checkbox"/> Lost Wages					

3. If travel is over 60 miles you may be eligible for lodging and food reimbursement at state rates. Receipts are required for lodging. Food is paid at the current state per-diem rate and receipts are not required. If commercial travel (airplane, bus, train, taxi) was used, submit a copy of your receipt.

4. If you are claiming lost wages for the attendance of crime related doctor's/counseling appointments, funeral or criminal justice proceedings, we will contact your employer to verify your income and the dates/hours you were unable to work. If self employed, we will require your most recent tax return. Contact IRS @ 1-800-908-9946 to obtain a computer printout.

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING YOUR EMPLOYER

Employer name:	Employer Phone #:
Employer address/ city/state/zip code:	Employer Fax #

5) <u>Victim / Claimant Signature</u> :	<u>Date</u> :
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