



### Crime Victim Compensation Board

Office of the District Attorney, 20<sup>th</sup> Judicial District  
1035 Kimbark Street, Longmont, CO 80501  
Phone: (303) 682-6801 Fax: (303) 682-6711  
Email: victimcomp@bouldercounty.org

<b>Office Use Only</b> <b>Claim #:</b> _____ <b>Docket #:</b> _____ <b>Division:</b> _____
---

*The Crime Victim Compensation (CVC) Program operates pursuant to C.R.S §24-4.1-101*

## Mass Crime Critical Incident Application

### SECTION 1 - CRIME INFORMATION:

Date of Crime: March 22, 2021 Reported Date: March 22, 2021 Police agency that took report: Boulder PD  
Incident/Case number: 21-2422 Police officer assigned: Sarah Cantu  
Address where crime occurred: King Soopers / 3600 Table Mesa Dr. / Boulder, CO  
Who committed the crime? Ahmad Al Aliwi Alissa Relationship to victim: None

### PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY TO YOU:

- I WAS IN KING SOOPERS WHEN THE CRIME OCCURRED
- I WAS IN KING SOOPERS PARKING LOT WHEN THE CRIME OCCURRED
- I WAS NOT IN KING SOOPERS OR IN THE PARKING LOT WHEN THE CRIME OCCURRED
- I WAS A WITNESS TO THE CRIME
- MY FAMILY MEMBER DIED AS A RESULT OF THE CRIME
- MY FAMILY MEMBER WAS A WITNESS/VICTIM OF THE CRIME
- I AM EMPLOYED BY KING SOOPERS

**SECTION 2 – VICTIM INFORMATION:** Please complete every question. Write N/A when a question is not applicable.

Victim Name (First, Middle, Last)

Mailing Address

City, State & Zip Code

Phone/E-mail

Birth Date

Age at time of crime

*The following information is used for statistical purposes only. This information is needed to comply with Federal regulations.*

Gender:  Male  Female

Race:

Referral Source:

African American / Black

Police Agency Victim Advocate

Disabled prior to crime?

Asian

District Attorney Victim Advocate

Mentally  Yes  No

Hispanic / Latin American

Service Provider

Physically  Yes  No

Pacific Islander / Native Hawaiian

Social Services

American Indian / Alaskan Nat.

Hospital / Medical Facility

White Non-Latino or Caucasian

Mental Health Counselor

Multiple Race

Other \_\_\_\_\_

Other \_\_\_\_\_

**SECTION 3 - CLAIMANT INFORMATION:** Please complete if the victim is a minor, deceased or incapacitated.

Claimant's Name (Parent/Guardian/Relative)

Date of Birth

Mailing Address

City/State/Zip

Relationship to Victim

Primary Phone

Secondary Phone/Email

**SECTION 4 – INSURANCE/OTHER COLLATERAL SOURCE INFORMATION:** Crime expenses must be submitted to all available financial assistance programs prior to CVC review. Please indicate if the victim is insured.

Medical Insurance:  Yes  No

Disability:  Yes  No

Auto Insurance:  Yes  No

Worker's Compensation:  Yes  No

Life Insurance:  Yes  No

Homeowner's/Renters:  Yes  No

Medicare/Medicaid:  Yes  No

Name of Insurance Company: \_\_\_\_\_

**SECTION 5 - REQUEST FOR SERVICES:** Please check the boxes for the service(s) you would like to request. Additional eligibility requirements may apply.

**MENTAL HEALTH COUNSELING:**

Please list the names of secondary victims that would like mental health counseling. All persons over 18 must sign the last page of the application. Add paper as necessary.

Name of Family Member(s)	Relationship to Victim	Date of Birth	Medical Insurance (Y/N)

**MEDICAL/DENTAL OR PERSONAL MEDICAL ITEMS:**

You must submit copies of *crime related* itemized bills. Please select the services that you have received and/or will need due to the crime.

- Hospital     Physician     Chiropractic/Physical Therapy     Dental     Home Nursing Care  
 Medication     Dentures     Eyeglasses/Contact Lenses     Hearing Aid     Prosthetic Device

**LOSS OF SUPPORT TO DEPENDENTS:**

Persons who were wholly or partially dependent upon the victim’s income may be eligible for compensation. A “Loss of Support to Dependents” form will be sent to you if this box is checked.

**RESIDENTIAL PROPERTY/SECURITY SYSTEM:**

Please submit an estimate/receipt for repair/replacement of *exterior residential* doors, locks and/or windows. Security system is limited to equipment and installation; no subscriptions.

- Rekeying Residential Locks     Exterior Door     Exterior Window     Security System

**FUNERAL/BURIAL:** Please submit copies of itemized bills, if available.

Name of Funeral Home and/or Cemetery \_\_\_\_\_

Have services been paid? Yes  No  Who paid for the funeral services? \_\_\_\_\_

**LOST WAGES:**

You may request loss of income for missed work due to crime related injuries or bereavement, and you did not have paid sick or vacation time. A “Lost Wages” form will be sent to you. Employment, rate of pay, unpaid time off and ability to work will be verified. Lost wages are not eligible for reporting the crime, testifying in court, interviewing with police or D.A., making household repairs or attending appointments.

**SELF DEFENSE/EMPOWERMENT COURSE** (Primary victims only)

**CRIME SCENE CLEAN-UP:** For the professional clean-up of bodily fluids at a crime scene.

**EMERGENCY AWARDS:** Victim Compensation MAY assist victims with immediate, safety concerns that are a direct result of the crime. These awards are limited to a maximum of \$2,000 and must be requested within 90 days of the crime. Please contact our office at 303-682-6801 or [kstalnacker@bouldercounty.org](mailto:kstalnacker@bouldercounty.org) to discuss eligibility and required documentation.

**SECTION 6 - CIVIL LAWSUIT:**

Are you planning to sue the person(s), their insurance or business responsible for this injury?  Yes  No

If yes, please note that you must notify the CVC Board with written evidence of the amount and terms of settlement.

## **RELEASE OF INFORMATION AND VICTIM'S RIGHTS AND RESPONSIBILITIES**

### **Please Read the Following Carefully, Sign and Date**

**CERTIFICATE OF APPLICATION:** The information contained in this application for Crime Victim Compensation is true and correct to the best of my knowledge. I understand that untruthful statements provided, or falsified documentation submitted may result in a denial of my claim and is punishable by law.

**CLAIMANT RESPONSIBILITY:** I understand that I am responsible for my bills relating to this crime and have the burden of providing any documentation to the Crime Victim Compensation Board to assist with verification of my claim. I must also notify service providers of my application to the Crime Victim Compensation Program.

**COOPERATION:** I understand that my failure to cooperate with law enforcement (police, sheriff, prosecutor, etc) result in the denial of my claim.

**SUBROGATION AGREEMENT:** I hereby agree to notify the CVC Program in the event that benefits/funds become available to me, including but not limited to a civil lawsuit action, in payment of the same expenses for which I receive from the CVC Program. I further agree to retain so much of the recovered funds as necessary to reimburse the CVC Program to the extent of the compensation I received from the Program.

**ALTERNATIVE APPLICATION PROCESS:** If you feel the CVC Board in the Twentieth Judicial District or the staff is unable to impartially review your claim due to personal or professional relationship(s) with two or more Board members, it will be sent to another district for review. The Twentieth Judicial District must receive a request for alternative review in writing. If your claim is approved, bills will be paid from the Twentieth Judicial District. I understand this may delay the processing of my claim.

**REPAYMENT OF CRIME VICTIM COMPENSATION:** I hereby agree to repay the Crime Victim Compensation Fund if payments are received from the offender (restitution or civil action), insurance, or any other government or private agency as compensation for this injury or death after receipt of payment from the Crime Victim Compensation fund.

**RIGHT TO RECONSIDERATION:** Should my claim for compensation be denied, I will be notified of the reason in writing. I understand that I have the right to request reconsideration by the Crime Victim Compensation Board and may do this by submitting a letter which addresses the reason(s) for the denial as stated in the letter. The Crime Victim Compensation Board, in its discretion, may conduct a hearing to reconsider the denied claim. I understand that the burden of proof is upon me as the applicant to show the claim is reasonable and compensable under the Colorado Crime Victim Compensation Act. In the event the denial is upheld by the Board following the reconsideration, I understand that I may have the Board's decision reviewed in accordance with the Colorado Rules of Civil Procedures.

**RELEASE OF FUNDS:** I hereby authorize release of funds awarded to me under the Colorado Crime Victim Compensation Act to be paid directly to the service provider(s)/out of pocket claimant as applicable to my claim. I understand that any claim request approval is subject to the availability of funds and the discretion of the Board.

**RELEASE OF INFORMATION AUTHORIZATION:** I hereby authorize the release of all information from any employer, physician, hospital, Department of Social Services, civil attorney, medical and/or mental health service providers and/or any other creditor or agency for the purpose of verifying the claims that I have submitted to establish validity of a claim. I further understand that any information provided may be subject to disclosure under the law. This authorization may be revoked at any time in writing, except to the extent that action has already been taken in reliance upon it. My signature authorizes release of all such information as specified above. A photocopy or exact reproduction of this signed release shall have the same for and effect as the original.

---

Printed Name of Victim or Claimant

---

Signature of Victim or Claimant

---

Date

Email application to: [victimcomp@bouldercounty.org](mailto:victimcomp@bouldercounty.org)

Mail to: Boulder District Attorney's Office, Attn: Victim Compensation, 1035 Kimbark St., Longmont, CO 80501

For further information about CVC, contact Kim Stalnacker at: 303-682-6801 or [kstalnacker@bouldercounty.org](mailto:kstalnacker@bouldercounty.org)

Website: [www.bouldercounty.org/da](http://www.bouldercounty.org/da).

*The Crime Victim Compensation program operates pursuant to C.R.S. § 24-4.1-101 et seq.*