THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Public Safety
Violent Crimes Compensation Board
5700 East Tudor Road
Anchorage, Alaska 99507
800-764-3040
vccb@alaska.gov

Claimant Name:
Claim No.:

REQUEST FOR HEARING

IMPORTANT: For your request for a hearing to be considered, you must list the reason(s) why you disagree with the Violent Crimes Compensation Board's (VCCB) decision. For each reason listed, you will need to provide the VCCB with specific evidence to affect our decision. This may be in the form of witness statement(s) or any other documentation that would support your reason(s).

I_____, the claimant above, believe the decision of the VCCB on Reconsideration in this matter is wrong for the following reasons:

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NOTE: Attach to the request any additional documentation you would like the VCCB to consider.

Claimant's Signature_____Date_____