



REQUEST FOR RECONSIDERATION

Claimant: _____

Claim No. _____

IMPORTANT: For your reconsideration request to be considered, you must explain why the Violent Crimes Compensation Board (VCCB) made an error in its decision and attach copies of any documentation you would like the VCCB to consider when making their decision.

I, _____ (claimant), request reconsideration of the decision made on _____ (date) by the Violent Crimes Compensation Board regarding my compensation claim. The incident that is the basis of my claim occurred on _____ (date) in _____ (location).

I disagree with the decision of the VCCB and request reconsideration in this matter for the following reasons (attached additional pages if necessary):

Please print.

Name: _____
 Address: _____
 Phone / Email: _____

If represented by an attorney:

Name of attorney: _____
 Phone / Email: _____

I declare under penalty of perjury that the information is true and correct. I hereby request that the Violent Crimes Compensation Board review my claim on appeal.

Signature of Claimant

Date