



**DEPARTMENT OF CRIME VICTIM COMPENSATION  
(DCVC)**

**Publication Request Form**

**Fax to: 803.734.1708 or**

**Mail to: Edgar Brown Building, 1205 Pendleton Street, Rm. 401  
Columbia, South Carolina 29201**

First Name: \_\_\_\_\_

**DCVC Spanish Documents: (mailing max 20 applications and 20 of supplemental forms)**

Application Packet

Physician's Disability Report

Payment and Reimbursement at a Glance (PDF)

Physician's Disability Loss of Support

Employer's Lost Wages Support Report

Funeral Case Status Form

Self- Employment Verification of Loss Wages

Memorandum of Understanding

Mental Health Counselor's Report

Eligibility Criteria

Additional Counseling Session Form

**DCVC Spanish Brochures: (mailing max 25)**

Crime Victim Compensation

Compensation Benefits for Sexual Assault

Bullying

**DCVC Spanish Posters: (mailing max 10)**

Domestic Violence (Couple) 8.5 x 11

Domestic Violence (Family) 8.5 x 11

Domestic Violence (Friend) 8.5 x 11

Victims' Rights 8.5 x 14

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**DCVC Auditing Publications: (mailing max 20)**