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Department of Crime Victim Compensation (DCVC), Edgar A. Brown Building, 1205 Pendleton Street, Room 401T Columbia, SC 29201
K W W S G F (Click on Family and Reimbursement guide X Q G H U W K H %P R U B i t u c a t i o n) G H U V ' W D E

Criteria for Lost Wages:

You must meet the four criteria: (1) Employment (2) Missed time from work (3) Reported income & (4) Disability

Legal name of patient affected by the crime: _____

Social Security # (Last 5 digits) _____ Date of Birth ____ / ____ / ____

Date the patient was first seen by you in relation to the crime: ____ / ____ / ____

Date of crime related to injury ____ / ____ / ____ (must be complete)

Briefly describe the injury(s) sustained as a direct result of the crime. Please provide diagnosis: _____

Check all that apply in accordance to the patient's physical ability:

May resume work immediately without restrictions

May resume work immediately with low restrictions

Patient may return to work full capacity on (date) ____ / ____ / ____

Patient may return to work partial capacity on (date) ____ / ____ / ____

Patient has return appointment on (date) ____ / ____ / ____

Type or print Treating Physician's name _____ Phone (____) _____

Signature of Treating Physician _____ Date _____

Name and Address of Facility _____