Memorandum of Understanding

Date: _____

As a public service to the citizens of this state, DCVC has developed this "Memorandum of Understanding". This document does not replace DCVC's Crime Victim Compensation Application.

This is a "Memorandum of Understanding" between _____ (Name of Establishment) and (Claimant).

- _____ I understand that the South Carolina Attorney General's Office, Department of Crime Victim Compensation (DCVC) is an eligibility program with criteria that must be met.
 - I have been informed that if the compensation claim meets all of the criteria, DCVC will pay the allowable amount by law for funeral services and all remaining balances are my responsibility.