Utah Office for Victims of Crime
350 East 500 South, Suite 200
Salt Lake City, UT 84111
Phone (801)-238-2360, Toll Free (800)621-7444
Email crimevictims@utah.gov

CLAIM FOR CRIME RELATED LOSS OF WAGES

To be completed by the person claiming loss of wages
Submission of this form does not guarantee payment

Claimant's Name: _____Victim's Name: _____Claim:_____

Up to 12 weeks of loss of wages may be considered for crime related injuries, appointments, court dates or mental health concerns at two-thirds of gross income. This form must be completed by the person submitting the claim for loss of wages. It is to be submitted along with the forms completed by the employer and medical provider. Your Reparation Officer may require additional documents to verify dates and times you have listed below. If you need more space than is provided on this sheet you may add additional pages.

Dates	Times	Please specify the reason for missed work and how it is related to the crime.

**Once UOVC receives and approves this information it will take a minimum of two weeks for you to receive a check from the State of Utah Division of Finance.

Declaration of Truthfulness

I hereby declare that the information contained in this written statement is true and correct to the best of my knowledge and I understand that any false statements I make that I do not believe to be true may subject me to criminal punishment pursuant to Utah Code Ann. 76-8-504 and 63M-7-510.

Victim or Claimant Signature: _____ Date: _____