

# Conejo Valley Victims Fund

held at Ventura County Community Foundation

## Physical Injury Victim Application Form

**Deadline for Application:** February 18, 2019

If you need assistance in completing this form *please call Give An Hour at (805) 444-7519 or email [info@conejovalleyvictimsfund.org](mailto:info@conejovalleyvictimsfund.org).*

### 1. Victim Information

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

Last Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if other than United States): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form and all supporting documentation to: **Ventura County Community Foundation**  
VCCF Nonprofit Center  
4001 Mission Oaks Blvd.  
Camarillo, CA 93012

CLAIM MUST BE POSTMARKED BY **FEBRUARY 18, 2019**

## 2. Person Filling out Application (if not victim)

If the Claimant is a minor or an incompetent adult, please provide the name, address, and telephone number of the person making this claim for the Claimant. For claims of minors or incompetent adults, please attach **proof of representative capacity**, such as a power of attorney, guardianship, appointment as guardian ad litem, custodial parent, or the equivalent as required by the law of the resident state/province of the incompetent adult or minor.

Relationship to Victim:

Spouse

Parent/Custodial Guardian

Other (please describe): \_\_\_\_\_

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

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Street Address 1 (if different from victim address above): \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country (if other than United States): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 3. Attorney or Other Representation (if applicable)

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

Firm: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country (if other than United States): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**4. Supporting Documentation***(please check)*

I have attached the following required documentation:

- Proof of Legal Representation *(if applicable )*

*(If represented by an attorney, please provide a Retention Agreement signed by both the attorney and the claimant.)*

- Proof of Relationship to Victim *(if filling out form on behalf of victim):* \_\_\_\_\_

Birth Certificate    Marriage License    Other *(please describe):* \_\_\_\_\_

- Hospital or Medical Letterhead

*(An official letterhead from the hospital or medical that confirms i) date of admission to the hospital or medical facility, ii) date of discharge from the hospital or medical facility, and iii) the nature of the injury and that the injury was sustained as a result of the Borderline Bar & Grill attack)*

- HIPAA Release Form

*(A copy of the form is attached to this Application.)*

- Other *(please describe):* \_\_\_\_\_

**5. Payment Preference** *(please select one)*

- Check Payable to:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country *(if other than United States):* \_\_\_\_\_

- Electronic Funds Transfer to:

Checking    Savings    Money Market    Other: \_\_\_\_\_

Account No.: \_\_\_\_\_

Routing No.: \_\_\_\_\_

SSN/EIN: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

## 6. Signatures

If the victim is a minor, both parents must sign this form. If both signatures cannot be obtained, please explain why.

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### Claimant Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of Claimant on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Second Parent Signature (if applicable)

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of second parent on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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