

NOTICE OF PUBLIC MEETING
CRIME VICTIM COMPENSATION PROGRAM
BOARD MEETING
OF THE PINAL COUNTY ATTORNEY'S OFFICE
AND AGENDA

Pursuant to A.R.S. §38-431.02, notice is hereby given to the members of the CRIME VICTIM COMPENSATION PROGRAM BOARD of the Pinal County Attorney's Office and to the general public that the CRIME VICTIM COMPENSATION PROGRAM BOARD will hold a meeting open to the public on **Tuesday, August 19, 2014** at 2:00 p.m. at the Pinal County Attorney's Office, Victim Services Division 45 N. Florence Street, Florence, Arizona, 85132. One or more members of the Board may participate in this meeting by telephonic conference call. The Board may go into executive session, which will not be open to the public, to discuss certain matters on any of the following agenda items pursuant to A.R.S. 38-431.03(A) (2).

Pursuant to the Americans with Disabilities Act (ADA), the Pinal County Attorney's Office endeavors to ensure the accessibility of its meetings to all persons with disabilities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter by contacting the Commission office at (520) 866-6805. Requests should be made as early as possible to allow time to arrange the accommodation.

Agenda for the meeting is as follows:

I. Call to order and Roll Call

Crime Victim Compensation Board Members:

Patricia R.J. Griffen
Michael Hing
Betty Peterson
Sandra Christopher
Dawn Grout

II. Minutes of the June 24, 2014 & June 27, 2014 Meeting

III. Financial Report

- Status of accounts

IV. Cases scheduled for consideration of award:

OLD BUSINESS (Cases previously considered):

VC-12-1424 Request for reimbursement of victim's loss of wages not covered by a collateral source. **Loss of Wages to Claimant** **\$596.82**

Denial _____ Approved 1st _____ 2nd _____

VC-13-1505 Request for payment of mental health expenses not covered by a collateral source **Casa Grande Counseling Center** **\$210.00**

Denial _____ Approved 1st _____ 2nd _____

VC-13-1521 Request for reimbursement of victim's loss of wages not covered by a collateral source **Loss of Wages to Claimant** **\$1,896.00**

Denial _____ Approved 1st _____ 2nd _____

VC-13-1550 Request for payment of travel expenses not covered by a collateral source. **OOP Travel to/from Superior Court** **\$654.21**

Denial _____ Approved 1st _____ 2nd _____

VC-13-1567 Request for payment of mental health expenses not covered by a collateral source. **Thrive Counseling Services LLC** **\$195.00**

Denial _____ Approved 1st _____ 2nd _____

VC-13-1571 Request for payment of out of pocket mental health expenses and travel not covered by a collateral source. **OOP co-pay/travel to Claimant** **\$417.60**

Denial _____ Approved 1st _____ 2nd _____

VC-13-1572 Request for payment of out of pocket mental health expenses not covered by a collateral source. **OOP co-pay to Claimant** **\$225.00**

Denial _____ Approved 1st _____ 2nd _____

VC-14-1611 Request for payment of mental health expenses not covered by a collateral source. **Helping Associates, Inc.** **\$650.00**

Denial _____ Approved 1st _____ 2nd _____

NEW BUSINESS:

VC-14-1632 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1633 Request for determination of eligibility for OOP funeral and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1635 Request for determination of eligibility for mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Claimant is Delinquent – Eloy Municipal Court \$311.45

Denial_____ Approved 1st_____ 2nd_____

VC-14-1636 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1638 Request for determination of eligibility for crime scene cleanup not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1640 Request for determination of eligibility for mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1641 Request for determination of eligibility for mental health expenses and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1642 Request for determination of eligibility for mental health expenses and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1643 Request for determination of eligibility for mental health expenses and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1644 Request for determination of eligibility for mental health expenses and travel expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1645 Request for determination of eligibility for mental health expenses and travel expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1646 Request for determination of eligibility for mental health expenses and travel expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1647 Request for determination of eligibility for mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1648 Request for determination of eligibility for medical expenses, mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1649 Request for determination of eligibility for medical expenses, mental health expenses, and travel expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1650 Request for determination of eligibility for medical expenses, mental health expenses, and travel expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1651 Request for determination of eligibility for medical expenses, mental health expenses, and travel expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1652 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1653 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1654 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1655 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1656 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1657 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1658 Request for determination of eligibility for mental health expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1659 Request for determination of eligibility for medical expenses, mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1660 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1661 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1662 Request for determination of eligibility for medical expenses, mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1663 Request for determination of eligibility for mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1664 Request for determination of eligibility for medical expenses and loss of wages not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1665 Request for determination of eligibility for medical expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1666 Request for determination of eligibility for mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1667 Request for determination of eligibility for compensable expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1668 Request for determination of eligibility for medical expenses and travel expenses not covered by a collateral source.

Claimant is Delinquent-- Casa Grande Municipal Court \$138.55

Denial_____ Approved 1st_____ 2nd_____

VC-14-1669 Request for determination of eligibility for mental health expenses not covered by a collateral source.

Denial_____ Approved 1st_____ 2nd_____

VC-14-1670 Request for determination of eligibility for mental health expenses, loss of wages and travel expenses not covered by a collateral source.

Claimant is Delinquent – Eloy Municipal Court \$311.45

Denial_____ Approved 1st_____ 2nd_____

VC-14-1671 Request for determination of eligibility for mental health expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1672 Request for determination of eligibility for mental health expenses not covered by a collateral source.

Denial _____ Approved 1st _____ 2nd _____

VC-14-1673 Request for determination of eligibility and payment for OOP funeral and mental health expenses not covered by a collateral source.

Bunker Family & Cremation \$10,276.47
(\$10,000.00 is the maximum allowable amount under (R10-4-108.C.3)

Denial _____ Approved 1st _____ 2nd _____

VC-14-1674 Request for determination of eligibility and payment for Crime Scene Clean Up expenses not covered by a collateral source.

AZ Bio Clean-Up \$2,000.00 SD

Denial _____ Approved 1st _____ 2nd _____

Those wishing to address the Compensation Board need not request permission in advance. Action taken as a result of public comment will be limited to directing Board members to study the matter or rescheduling the matter for further consideration and decision at a later date.

VI. Date-Time-Location of Next Meeting

The next proposed Crime Victim Compensation Program Board meeting is scheduled for Tuesday **September 16, 2014** at 2:00 p.m. at the Pinal County Attorney's Office, Victim Services Division (Meeting Room), 45 N. Florence Street, Florence, Arizona.

VII. Other Business

- Motion to approve travel expenses for Board members attending the June meeting

VIII. Adjournment

A copy of the agenda background material provided to Compensation Board members is available for public inspection at the Pinal County Attorney's Office, 45 N. Pinal Street, Florence, AZ, 85132 - (520) 866-6805. This document is available in alternative formats by contacting the Pinal County Attorney's Office.