



MINOR BENEFICIARY FORM

To apply for counseling and/or economic support benefits on the behalf of the deceased victim's minor child(ren) or minor sibling(s), please complete this form as the custodial parent/legal guardian. Please Note: Proof of relationship and/or guardianship must be submitted with this form (i.e., birth certificate, marriage license, guardianship papers, etc.).

Victim Information:

Victim Name:
 SSN:
 Claim Number:
 Date of Crime:
 Claimant Name:

MINOR CHILD BENEFICIARY INFORMATION		Please provide information on the deceased victim's minor child or minor sibling.	
Minor Child's Name (First, Middle, Last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Minor Child's Date of Birth (MM/DD/YY)	Minor Child's SSN or TIN		
Minor Child's Relationship to the Deceased Victim			
<p>Demographic Data (Optional for Statistical Use Only) Check all that apply: RACE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White/Non-Latino/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Race _____ <input type="checkbox"/> Multiple Races _____</p>			
If 17 or older, is the minor beneficiary a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the minor beneficiary disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the minor child have health insurance, including Medicaid/Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No			
BENEFITS REQUESTED		Please complete this section by checking the benefits you are applying for and submit itemized counseling bills related to the crime. Please Note: A complete list of documents required for Economic Support is available on our website.	
<input type="checkbox"/> Economic Support		<input type="checkbox"/> Counseling	

AFFIDAVIT: Original affidavit is needed. Faxed copies will not be accepted.

The undersigned declares and affirms under penalty of perjury that the statements made in this minor beneficiary form are true and correct, and certifies that you are custodial parent or the legal guardian of the minor child listed in on this form. Please Note: O.C.G.A. § 17-15-11 provides that any person who asserts a false claim under the provisions of this chapter shall be guilty of a misdemeanor.

Print

Signature of Claimant

Date