



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

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ATTORNEY GENERAL

**Request for Consideration of Delayed Law Enforcement Notification**

To be eligible for Crime Victims Compensation, law enforcement must be notified within 72 hours of the crime causing death or injury of the victim or 7 days for victims of sexual offenses. Law enforcement notification can also be satisfied with an eligible exception or if the applicant establishes that **notice was timely under the circumstances.**

Claim Number if known: \_\_\_\_\_

Victim Information	Claimant Information (if different than victim)
Legal Name: _____	Legal Name: _____
Date of Birth (mm/dd/yyyy): _____	Date of Birth (mm/dd/yyyy): _____
	Relationship to victim: _____

**Part I: Notification Exceptions**

**A. As a result of the crime, select all the following exceptions to law enforcement notification that apply to this claim:**

- Victim was treated at a medical facility (within 72 hours of the crime or 7 days for crimes involving sexual violence)
- Victim received an order of protection, civil no-contact order or stalking no-contact order (within 7 days of the crime)
- Victim submitted to a sexual assault evidence collection procedure (within 7 days of the crime)
- An independent evaluation from a mental health provider is submitted for the victim (within 7 days of the date of the crime)
- Victim is engaged in a legal proceeding involving human trafficking
- Victim is engaged in a legal proceeding or filed complaints for law enforcement use of force

If any of the exceptions listed above are satisfied, you **do not** need to submit this form. If you **have not** notified law enforcement within 72 hours or 7 days and **do not** qualify for one of the listed exceptions, you must complete Part II to be considered for a **Timely Notice Review.**

**Part II: Timely Notice Under the Circumstances**

- 1) Date or date range of crime (mm/dd/yyyy): \_\_\_\_\_
- 2) On what date did you notify law enforcement or use one of the exceptions listed in Part I?  
\_\_\_\_\_
- 3) Were you unable to report the crime to law enforcement or use an exception in the period prescribed because of a mental health condition and/or physical limitation?    Yes    No  
If yes, please explain. (Attach additional sheets if necessary.)
  
- 4) Did the physical or mental health limitations prevent you from carrying on daily activities such as working, caring for your needs, or caring for others?    Yes    No  
If yes, please explain. (Attach additional sheets if necessary.)
  
- 5) Are you currently receiving ongoing treatment as result of the crime for which you are seeking compensation?    Yes    No  
If yes, please explain. (Attach additional sheets if necessary.)
  
- 6) *I hereby certify that all the information that I have provided in this request is true, accurate, and complete to the best of my knowledge. I understand that if I willfully provide any information that is false, incomplete, or misleading, I may be denied benefits and/or I may be prosecuted for crimes punishable by imprisonment, a fine, or both.*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*