



Lynn Fitch
ATTORNEY GENERAL

**CRIME VICTIMS' BILL OF RIGHTS AND
CRIME VICTIM COMPENSATION**

**NAKIA McLAURIN, VICTIM ADVOCATE
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF VICTIM ASSISTANCE**

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Lynn Fitch
ATTORNEY GENERAL

- Chief legal officer and advisor for the State of Mississippi on both civil and criminal matters.
- General Fitch's responsibility is to represent public officials and governmental agencies and to issue legal opinions that interpret state law. Most importantly, she represents the people of the State of Mississippi.
- Bachelor of Business Administration and a Juris Doctorate at the University of Mississippi.
- She has over 30 years of both private and government law experience.





Topics of Discussion

- **Victims' Rights**
- **Crime Victim Compensation**
- **Victim Assistance Program**
- **SAFE Payment Program**
- **Address Confidentiality Program**





Crime Victims' Rights

Section 26(a) in Article 3 of the Mississippi Constitution establishes 25 rights to victims of violent crime





Crime Victims' Bill of Rights

§99-43-1: The purpose of the Crime Victims' Bill of Rights is to **ensure the fair and compassionate treatment** of victims of crime, **increase effectiveness of the criminal justice system** by affording rights and considerations to victims of crime, and to **preserve and protect victims' rights** to justice and fairness in the criminal justice system.



Crime Victims' Bill of Rights



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Crime Victims' Bill of Rights

- ***FAIRNESS***

- ***DIGNITY***

- ***RESPECT***

- ***INFORMED***

- ***PRESENT***

- ***HEARD***



Crime Victims' Rights Provided for the following offenses:

- Felonies involving physical injury or threat of physical injury
- Any sexual offense
- Any offense involving spousal abuse or domestic violence



Statutory Duty of Investigating Law Enforcement

§99-43-7 – Notification Responsibilities

Unless victims are unavailable or incapacitated as a result of the crime, within seventy-two (72) hours after the law enforcement agency becomes responsible for investigating the crime, the law enforcement agency SHALL provide to victims in a manner and form prescribed by the Attorney General the following information:



Required Information

- Compensation / Restitution
- Procedural steps in the investigation
- Bill of Rights
- Emergency Services
- Case Number
- Name / Telephone # of law enforcement agency
- Procedure for threats and intimidation
- Name / Telephone # of prosecuting attorney



Law Enforcement Duties to victim post-arrest of offender

§ 99-43-35 – Duty to Notify of Pre-Trial Release

- Victims of Domestic Violence & Sexual Assault
- Sheriff or municipal jailer to notify victim of post-arrest release of offender
- **Regardless** of Exercise of Rights
- Reasonable Efforts

Important to get contact info of victim (and alternate contact) at time of arrest!!



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Office of the Attorney General Lynn Fitch Crime Victim Advocates

Victim Advocate District Map

Victim Advocates By Region



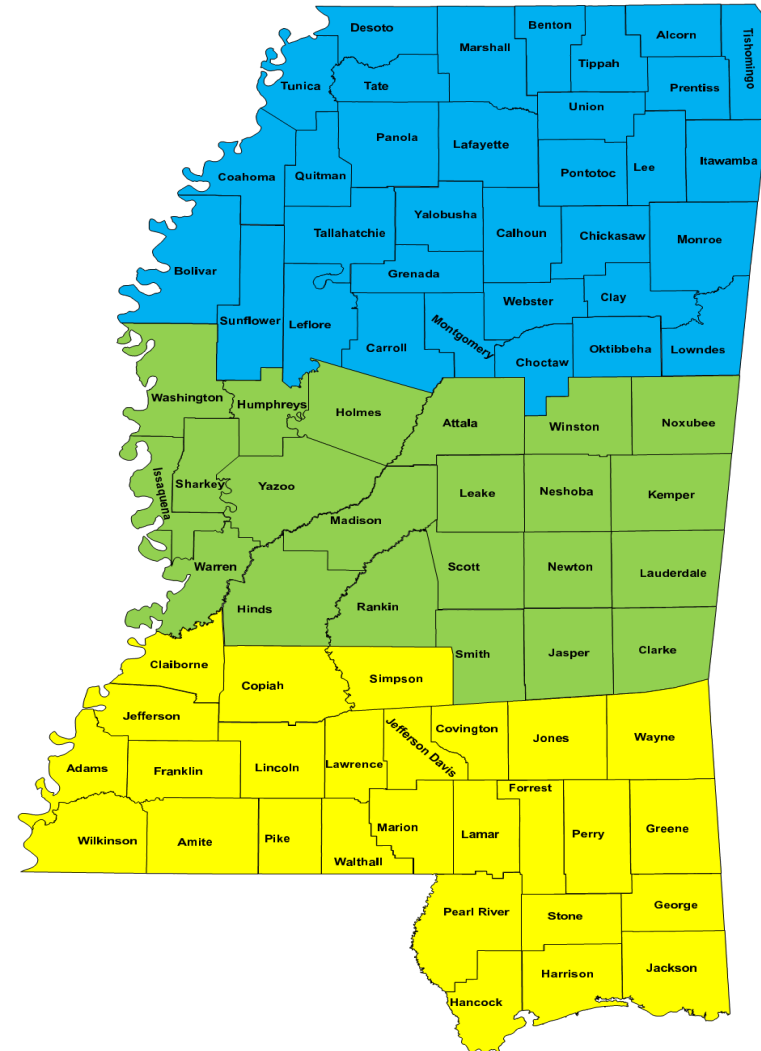
Nakia McLaurin, Northern District
(o) 601-359-3302



Maya Edwards, Central District
(o) 601-359-4144



Amanda Jasper, Southern District
(o) 601-359-6171





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How to Obtain Crime Victims' Rights

These rights are not automatic –

the **victim must invoke** these rights ...

Request to Exercise Victim's Rights Form



Request to Exercise Victim's Rights Form

STATE OF MISSISSIPPI
CRIME VICTIMS' BILL OF RIGHTS
REQUEST TO EXERCISE VICTIMS' RIGHTS

FOR VICTIM TO SIGN:

I, _____, victim of the crime of _____,
(victim) (crime committed)
committed on _____, by _____ in
(date) (name of offender, if known)
_____, request that I be given all the rights provided in the Victims' Bill of
(city, county)
Rights, Mississippi Code Annotated, Section 99-43-1 et. seq.

I understand that it is my responsibility to provide the prosecutor with any change in my name, address or telephone number in order to continue to exercise these rights.

FOR VICTIM'S REPRESENTATIVE TO SIGN:

I, _____, representative of _____,
(victim representative) (victim)
who was the victim of the crime of _____ committed
(crime committed)
on _____, by _____ in _____
(date) (Name of offender, if known) (city, county)
request that, on behalf of _____, I be given all the rights
(victim)

provided in the Victims' Bill of Rights, Mississippi Code Annotated, Section 99-43-1 et. seq.

I understand that it is my responsibility to provide the prosecutor with any change in my name, address or telephone number in order to exercise these rights.

NAME (PRINT) _____

ADDRESS (Street/P.O. Box) _____ (City) _____ (State) _____ (Zip) _____

() _____ () _____
TELEPHONE NUMBER(S) _____

Mail this form as follows:
Insert information for the
appropriate law enforcement agency/office/court



Crime Victims' Compensation Program



The Crime Victims' Compensation Fund is funded by:

- Federal VOCA Grants
- Court Ordered Restitution, Fines and Assessments



Victim

- A person who suffers personal injury or the threat of personal injury as a result of criminally injurious conduct
- While going to the aid of another or a duly sworn law enforcement officer
- While attempting to prevent a crime from occurring

**aid & attempt must have been rendered
in a reasonable and lawful manner**



Criminally Injurious Conduct

- Assault
- Domestic Violence
- Sexual Assault / Rape
- Child Physical Abuse
- Child Sexual Abuse
- Hit and Run
- Homicide
- Vehicular Manslaughter
- Kidnapping
- Stalking
- DUI

DOES NOT INCLUDE:

Traffic Accidents	Pain and Suffering
Burglaries	Attorney's Fees
Property Crime	



Benefits – Maximum \$20,000

eligibility requirements and other limitations apply

- Medical Expenses
- Mental Health Counseling
- Transportation (medical / funeral)
- Funeral Expenses
- Loss of Wages
- Loss of Support
- Good Samaritan Death or Injury
- DV Temporary Housing Assistance
- DV Relocation Expenses
- Court Related Travel
- Execution Travel
- Crime Scene Cleanup
- Repair/Replacement



Who is Eligible?

- Victims who suffer physical injury, death or extreme psychological trauma
- Persons who witnesses a crime
- Persons who voluntarily pay crime-related expenses
- Persons legally responsible for the victim's expenses or persons authorized to act on behalf of the victim or his/her dependents
- Family members of victim
- Dependents of deceased victim
- MS residents victimized in a foreign country or state that does not provide Crime Victim Compensation benefits



Who is Not Eligible?

- A victim who fails to report the crime within 72 hours (good cause exception)
- A victim who engaged in illegal conduct at the time of the injury/death
- A victim who contributed, provoked or in any way caused the injury/death;
- A victim/claimant who fails to cooperate with law enforcement and/or prosecution
- The offender and/or accomplice to the offender
- A victim incarcerated when the crime occurred
- A victim injured in a motor vehicle unless the vehicle is used by the offender (1) as a weapon (2) while driving under the influence (DUI) (3) in a hit & run or (4) in an attempt to flee from law enforcement (5) causing injury to a child in the process of boarding or exiting a school bus.



Also Not Eligible

- Anyone who, after filing an application, is convicted of any felony
- Anyone who has been under the supervision of **any** department of corrections within 5 years prior to the victim's injury or death



Payer of Last Resort

- Health Insurance
- Life Insurance
- Burial Insurance
- Auto Insurance
- Disability Insurance
- Worker's Compensation
- Social Security
- Medicare
- Medicaid
- Restitution
- Civil Recovery
- Home Owner's Insurance



Eligibility Law Enforcement Reports

Miss. Code Annotated § 99-41-11(4)(5), as amended, provides authorization for law enforcement to release law enforcement reports and records to the Crime Victim Compensation Division **without a subpoena** and **protects the confidentiality of the reports and records.**



Eligibility Youth Court Records

Miss. Code Ann. **§43-21-261(5)(d)** -
Records involving children **SHALL** be
disclosed to the Division of Victim
Compensation of the Office of the Attorney
General upon the division's request without
order of the youth court for purposes of
determination of eligibility for victim
compensation benefits.



Law Enforcement Records

- Law Enforcement Agency Verification Form
- Investigative Report
- Supplemental Reports and Records
- Victim Statement
- Offender Statement
- Witness Statement





Law Enforcement Agency Verification Report

APRIL 19, 2016

RAMBO POLICE DEPARTMENT
INVESTIGATOR SLY STALONE
125 WHAT YOU LOOKIN' AT STREET
BREAK SOMETHING, MS 911911

VICTIM: LITTLE SCREAMING LADY

CLAIMANT: LITTLE SCREAMING LADY'S HUSBAND

INCIDENT #: KNOWN

OFFENDER: KEYSOR SOZE

L.E. AGENCY: RAMBO POLICE DEPARTMENT

CLAIM NUMBER: 2012-00428AF

DATE OF CRIME: 5/13/2015

COUNTY: NOWHERE

DEAR INVESTIGATOR STALONE:

The Victim Compensation Division has received an application for the above-referenced victim. To verify eligibility, the law requires us to investigate all claims. Your cooperation in providing the following information will assist us in determining if compensation funds can be awarded.

Law Enforcement Agency Verification Report (Enclosed)	Investigative Report
Supplemental Report and Records	Offender(s) Statement(s)
Victim Statement	Witness Statement(s)

For additional information on the release of these records to our office, you may want to refer to Mississippi Code Annotated, Section 99-41-11(4)(5), as amended. This statute provides authorization for your office to release these records and protects their confidentiality.

We sincerely appreciate your help in assisting us to respond to crime victims. If you have any questions regarding this request, please call (601) 359-6766 or 800-829-6766 and refer to the claim number.

Sincerely,



Law Enforcement Records

STATE OF MISSISSIPPI OFFICE OF THE ATTORNEY GENERAL CRIME PREVENTION AND VICTIM SERVICES UNIT VICTIM COMPENSATION DIVISION Post Office Box 220 Jackson, Mississippi 39205 Phone: (601) 359-6766 FAX: (601) 576-4445	CLAIM #: 20102-00428AF CLAIMANT: Little Screaming Lady's Husband VICTIM: Little Screaming Lady
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LAW ENFORCEMENT AGENCY VERIFICATION REPORT

(For Crimes Occurring On or After July 1, 2007)

Please complete and submit a copy of the investigative report, all statements and any other supplemental reports. You may forward the information to the above address or FAX it to our office at (601) 576-4445.

Information below was provided by the victim/claimant. Please revise any incorrect or incomplete information.

1. Law Enforcement Agency Crime Reported to: Rambo Police Department	6. Date of Crime: 5/13/2012
2. OFFENSE REPORT #: Unknown	7. Date Crime Reported: 5/13/2012
3. Investigator/Detective: Investigator Sly Stalone	8. County: NOWHERE
4. Location of Crime: 555 Help Me Street, Break Something, MS 911911	9. Crime Type: ASSAULT/NON-FAMILY
5. Name of Suspect(s): Keysor Soze	

10. If this is not your agency's case, please check "No" and return this form to the Victim Compensation Division. ☐ No ☐

11. Was the crime reported to your agency within 72 hours? ☐ yes ☐ no

12. Did the victim/claimant cooperate fully with investigation? ☐ yes ☐ no If no, please explain:

13. Has an arrest been made? ☐ yes ☐ no What are the charges: _____

14. Did the victim appear to be under the influence of drugs or alcohol at the time of the crime?
☐ no ☐ drugs ☐ alcohol ☐ both Comments:

15. Please indicate the most current disposition of the criminal case:

<input type="checkbox"/> bound over to grand jury	<input type="checkbox"/> plead guilty	<input type="checkbox"/> investigation ongoing
<input type="checkbox"/> grand jury indictment	<input type="checkbox"/> convicted	<input type="checkbox"/> offender at large
<input type="checkbox"/> no true bill	<input type="checkbox"/> remanded to lower court	<input type="checkbox"/> offender deceased
<input type="checkbox"/> other		



Victim Assistance Program

Provides assistance with:

- Compensation applications
- Referrals to appropriate victim service providers
- Invoking victims' rights
- Computing restitution
- Intervene with landlords, utilities, employers
- Case updates
- Offender location
- Crisis intervention
- Court accompaniment
- Notifications of Supreme Court & Court of Appeals decisions
- Training
- Liaison between victim/law enforcement/prosecutors



Sexual Assault





Sexual Assault Medical Forensic Exams – SAFE Payment Program

- AGO Crime Victim Compensation Division began paying medical providers for the cost of each Sexual Assault Medical Forensic Exams conducted up to **\$1,000**;
- Pursuant to M.C.A. Section 99-37-25 and in pertinent part, “. . . **No bill for the examination will be submitted to the victim**, nor shall the medical facility hold the victim responsible for payment.. .”



Address Confidentiality Program

If you are moving to escape:

- Domestic Violence
- Sexual Assault
- Stalking

Victims can complete and submit application to the ACP for approval.



ACP can help keep the victim's new address confidential.



Address Confidentiality Program

- ACP is a mail forwarding service
- Victims must be a resident of MS to participate in the program
- Applications are to be completed at a DV Shelter
- Forms should be certified and forwarded to the Crime Victim Compensation Division by shelter staff





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