



State of Tennessee Treasury Department
Criminal Injuries Compensation Program
 Division of Claims Administration
 502 Deaderick Street ♦ Nashville, TN 37243-0202
 Telephone: (615) 741-2734 ♦ Fax: (615) 532-4979
 Website: www.treasury.tn.gov/injury/
 Email: Criminal.Injury@tn.gov

FOR OFFICE USE ONLY

Claim # _____

EMPLOYER'S STATEMENT

Part I: Employee Information (to be completed by employee)

Last Name	First Name	Maiden Name	Middle Name
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Social Security Number _____ - _____ - _____

Part II: Employer Information (to be completed by employer)

Name of Employer		Telephone ()	
Street Address	City	State	Zip

Part III: Employment Information (to be completed by employer)

Employee's Occupation _____

Employee's Date of Hire (month, day and year) _____

Average Weekly Wage \$ _____ Hours Per Day Worked _____ Days Per Week Worked _____

Did employee miss any time from work because the employee was a victim of a crime? No Yes

If yes, how many days did the employee miss? _____ What was the date the employee first missed? _____

Has the employee returned to work? No Yes

If yes, what was the date the employee returned (month, day and year)? _____

Was the crime work-related? No Yes

If yes, has the victim applied for workers' compensation or other employer benefits? No Yes

Indicate below if the employee received or will receive any payment from the following sources as a result of missing work during the previously mentioned period:

Source	No	Yes	Amount Per Week	From (date) To (date)
Sick Leave/Employers Group Plan	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
Disability Pay/Union Plan	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
Private Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
Vacation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
Other, specify	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____

Part IV: Certification By Employer

I hereby certify that the information stated above is true and correct to the best of my knowledge.

Signature of Employer

Printed Name and Title

Date