SECTION D - CRIME INFORMATION (continued)

SECTION F - LOST WAGES

SECTION G - AUTHORIZATION AND SUBROGATION

SECTION H - ATTORNEY INFORMATION

VERIFICATION OF APPLICATION: I hereby certify, subject to the penalty of fine and imprisonment, that the information contained in this application for criminal injury compensation is true and correct to the best of my knowledge.

SUBMISSION: In consideration of the payment received from the Criminal Injuries Compensation Fund, I agree to repay the Fund the full amount (or my child or ward) received from the Fund in the event I (or my child or ward) recover damages or compensation from any other public or private source (including but not limited to, receipt of insurance, Medicare, Medicaid, "FSA", "HSA", "HRA", employers' compensation, death benefits, etc.) I further agree and understand that should the part of my recovery due the Criminal Injuries Compensation Fund be diminished by any other means (whether I or my child or ward choose to recover in damages or compensation for the injury or death from any source), I agree to promptly notify the District Attorney General or the District where the crime occurred and the Criminal Injuries Compensation Program by sending to the District Attorney General and the Criminal Injuries Program the name and address of the person who settled with the State of Tennessee should the action against any person (or the recovery of all or any part of the compensation paid by an attorney) be brought by or on behalf of the victim or the child of the victim.

RELEASE OF INFORMATION AUTHORIZATION: I hereby authorize any hospital, physician, funeral director, municipal authority, religious entity, insurance company, State, Federal, or local law enforcement office, or any other person, firm, agency, or organization to furnish to the Tennessee Criminal Injuries Compensation Fund, or its representative, any information requested, including tax data and credit investigation records, needed to perfect my claim for compensation. A photocopy of this authorization shall be considered as effective and valid as the original.

PUBLIC RECORDS: Except as otherwise provided by federal or state law, the information contained in this application and all documents submitted in support of your claim are subject to the Public Records Laws of the State of Tennessee pursuant to Tennessee Code Annotated, Title 10, Chapter 7, Part 5.

I certify that I have read and/or understand and agree to the above statements.

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