



State of Nevada Victims of Crime Compensation Program

Request for Hearing

Complete and submit this form to appeal a decision of the compensation officer

Victim/Applicant Name:	VOCP Claim #
Address:	City, State, Zip:
Phone #	Email:

Reason for Appeal:

ATTACH A COPY OF THE DECISION YOU WISH TO APPEAL

Date of compensation officer decision being appealed:
Reason for appealing the compensation officer decision:

Do you have any documents to submit to the hearing officer? ☐ Yes If Yes: please <i>describe</i> the document here: ☐ No If Yes: please <i>attach the documents</i> to this form.
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Is there any additional information the hearing officer should consider? ☐ Yes If Yes please explain: ☐ No
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The information provided herein is true and accurate to the best of my information and belief

Applicant Signature:	Print Name:	Date:
Telephone #	Email address:	

<i>For Southern Nevada Mail to:</i> Hearings Officer 2200 South Rancho Drive Las Vegas NV 89102	<i>Fax to:</i> LV - (702) 486-2879 CC - (775) 687-8441	<i>For Northern Nevada Mail to:</i> Hearings Officer 1050 E Williams St # 450 Carson City NV 89701
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