Complete the form request below and send to:
State of Tennessee Treasury Department
Criminal Injuries Compensation Program
2000 Mallory Lane 130-398 ◆ Franklin, TN 37067-8231
Telephone: (866) 960-6039 ◆ Fax: (866) 727-5569
Website: www.treasury.tn.gov/injury/
Email: CIC_Tennessee@corvel.com

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

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	◯	◯	$ _____	_____ to _____
Disability Pay/Union Plan	◯	◯	$ _____	_____ to _____
Private Health Plan	◯	◯	$ _____	_____ to _____
Vacation	◯	◯	$ _____	_____ to _____
Workers' Compensation	◯	◯	$ _____	_____ to _____
Other, specify	◯	◯	$ _____	_____ 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*