



**CRIME VICTIM COMPENSATION BOARD  
EIGHTEENTH JUDICIAL DISTRICT  
6450 S. REVERE PKWY  
CENTENNIAL, COLORADO 80111  
(720) 874-8787  
VictimComp@da18.state.co.us**

**REQUEST TO EXTEND THERAPY/RESUME TREATMENT**

**HANDWRITTEN FORMS WILL NOT BE ACCEPTED**

Approval of initial therapy or submission of this form **does not guarantee payment** of extended treatment. Any and all treatment costs that exceed the Board award shall be the responsibility of the claimant. The client will be notified by letter of all Board decisions.

**DATE :**

**CLIENT INFORMATION:**

Name: Parent/Guardian:  
Address:

Telephone No:

Current living situation:

**THERAPIST INFORMATION:**

Name: Supervisor:  
Agency: Agency:  
Address: Address:

Telephone No: Telephone No:  
License No & Type: Supervisor License No & Type:

**UPDATED INSURANCE INFORMATION (ONLY if there has been a change of insurance/coverage):**

Company: \_\_\_\_\_ Policy No: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Type of Mental Health Coverage: \_\_\_\_\_

(Prior to any payment, a copy of coverage specific to benefits available, denied, deductible, co-pay or percentage insurance will pay per visit, per calendar year **must be returned.**)

**TREATMENT:**

Describe the client's current symptomology that is directly related to his/her victimization.

Describe the client's progress in treatment **AND** the reason for the therapy extension request or request to resume therapy.

List and describe any changes made to the original treatment goals that are directly related to his/her victimization.

If so desired, please include any additional information that would assist the Victim Compensation Board when considering this request.

**Please complete the section below:**

**\*\*PLEASE NOTE:**

**The Board will consider no more than 25 sessions for primary victim new claims on/after September 1, 2023 (20 sessions for claims prior to September 1, 2023).**

**The Board will consider no more than 10 sessions for secondary victim new claims on/after September 1, 2023.**

**Reimbursement rates listed are only applicable to treatment sessions on/after September 1, 2023.**

**Choose an item:**

\_\_\_\_\_ # additional **individual / family therapy** sessions requested at \$120 per session.

\_\_\_\_\_ # additional **group** sessions requested at \$50 per session.

\_\_\_\_\_ # additional **INTERN individual / family therapy** sessions requested at \$60 per session.

Frequency of sessions –

1x a week

Other – please explain [Click here to enter text.](#)

**\$\_\_\_\_\_ TOTAL ANTICIPATED COST OF EXTENDED TREATMENT**

Both the claimant and the therapist must sign this form.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

Please return completed forms to:

Victim Compensation Board

6450 S. REVERE PKWY

Centennial, CO. 80111

Fax: 720-733-4697

VictimComp@da18.state.co.us