



## Sexual Assault Exam Reimbursement Application (Law Enforcement Agency)

CVC reimburses law enforcement agencies for the forensic costs of sexual assault exams conducted before 9/1/2019. Reimbursement requests must be submitted within three years of the date of the exam. All law enforcement reimbursement requests must be submitted before 9/1/2022.

To apply for reimbursement, law enforcement agencies must submit:

- A completed Sexual Assault Exam Reimbursement Application
- All bills (must be itemized with the appropriate billing codes or description of charges)
- Proof of payment, such as a check copy showing the law enforcement agency paid for the forensic costs of sexual assault exams.

*Note: The certification section of the application must be signed by an appropriate representative of the law enforcement agency who has knowledge of the facts stated in the verification.*

Mail **completed** application to:

Attorney General of Texas  
Crime Victims' Compensation (009)  
Law Enforcement Reimbursement for Sexual Assault Exams  
P.O. Box 12880  
Austin, Texas 78711-2880

### Bill Resubmission

If you feel payment was incorrect or are requesting a supplemental payment, submit the following to CVC for further review:

- Copies of the original bill with the original OAG claim number
- Original explanations of benefits
- New itemized bill and explanation of resubmission

If after further review additional payments are needed, a supplemental payment will be issued.

For questions regarding this program please email:  
[sexualassaultexams@texasattorneygeneral.gov](mailto:sexualassaultexams@texasattorneygeneral.gov)



# Sexual Assault Exam Reimbursement Application

Victim Information		
Victim Last Name:	Victim First Name:	Victim Middle Name:
Victim DOB:	<input type="radio"/> Male <input type="radio"/> Female	Date of Sexual Assault:
Law Enforcement Agency (LEA) Information Payment will not be processed without complete information.		
Date of Sexual Assault Exam:	Date Law Enforcement Paid:	Law Enforcement Paid Amount:
Law Enforcement Agency Name:	Tax Payer Identification Number (Required):	
Mailing Address:		
City:	State:	Zip:
LEA Contact Person:	Telephone Number (Including Area Code):	
Fax Number (Including Area Code):	E-Mail Address (If Available):	
Law Enforcement Case Number:	Suspect Name:	
Certification		
This must be signed by an appropriate representative of the law enforcement agency who has knowledge of the facts stated in the application.		
I certify that the sexual assault exam, which is the subject of this application, was either requested by a law enforcement agency under Texas Code of Criminal Procedure Article 56.06 or performed in accordance with Article 56.065. The exam was performed by a physician or an individual described under the Texas Government Code, Section 420.003. I certify that the bill has been paid and the information in this application is true and correct to the best of my knowledge.		
Printed Name:	Title:	
Signature of Law Enforcement Representative:		Date:

