

Form H1-1. Crime Victim Compensation: Supporting Statement and Appeal Letter for an Abduction or Assault by an Unidentified Offender

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Use. A person was taken, held, or injured by an offender who cannot be identified or charged, and the account involves a UFO or nonhuman actor. Part A is a factual statement to attach to the program's application. Part B is a letter appealing a denial based on the absence of a "crime," the absence of an identified offender, or a finding that the applicant did not cooperate with police. The statement describes what the applicant experienced and the injuries documented; it does not ask the program to make findings about the nature of the offender.

When to use. Applying for state crime victim compensation after an abduction or assault by an unidentified offender, and appealing a denial. **Not for:** Claims against the United States ([Form D5-1](#)) or claims for injuries in government programs ([Issue H2](#)).

Deadlines. Set by each state. Many programs require a report to police within a short period (often 72 hours to a few days, with exceptions for good cause) and an application within one to three years. Appeal deadlines are often 30 to 60 days from the denial. Check the program's statute and rules before filing.

Part A. Supporting statement

Applicant: [Name, date of birth, address, telephone, email]

Program claim number: [if assigned]

1. The event. On [date], between about [time] and [time], at [address or location, with coordinates if known], I

was [taken from my bed / taken from my vehicle / approached outdoors] by [describe what was perceived, in plain terms:

e.g., “figures I could not identify”] and held against my will for about [duration]. I was returned at [time] to

[place]. [If there were witnesses:] [Name] saw [describe what the witness saw, e.g., “that I was missing from the house between 2:00 and 4:30 a.m.”].

2. Injuries. After the event I had [describe: puncture wounds on __; burns on __; bruising on __; nausea; loss of

time; sleep disturbance; anxiety]. On [date] I was examined by [provider] at [facility], who recorded [findings].

Photographs taken on [date] are attached.

3. Report to law enforcement. On [date] at [time] I reported the event to [agency] by [in person / telephone].

[The officer took a report, number ____.] [The officer declined to take a report and said ____.] I asked for a report

number and was told ____.] I have answered every question asked of me by law enforcement and am willing to answer

further questions.

4. Losses. Medical expenses: \$[____] (bills attached). Counseling: \$[____]. Lost wages: \$[____] for [dates] (employer

statement attached). Other: [____].

5. Collateral sources. [Health insurance; employer benefits; none.]

6. Statement. This statement describes what I perceived and the injuries that were documented. I do not know who

or what was responsible. I am not making any claim against any person, and I am not asking the program to decide who

was responsible.

I declare that the information in this statement is true and correct to the best of my knowledge.

[Signature] [Date]

Attachments: [medical records; photographs; police report or record of the attempt to report; witness statements;

bills; wage statement]

Part B. Appeal letter

[Applicant or counsel name and address]

[Date]

[Program name]

[Appeals unit or hearing office]

[Address]

Re: Appeal of denial of claim no. [___], [Applicant]

Dear [Hearing Officer / Board]:

[Applicant] appeals the [date] decision denying the application. The decision states that [quote the reason]. The denial should be reversed for the following reasons.

1. The program does not require an identified or prosecuted offender. [Cite the state statute, e.g., the definition of “crime” or “criminally injurious conduct” and any provision stating that compensation may be paid whether or not the offender is identified, apprehended, prosecuted, or convicted.] Programs routinely pay claims where the offender was never identified. *E.g., In re Sikute*, 61 Ohio Misc. 2d 512, 580 N.E.2d 520 (Ohio Ct. Cl. 1990) (assault by unidentified assailant); *In re Application of Mines*, 48 Ill. Ct. Cl. 666 (1996) (injury by unknown offenders).

2. The conduct is a crime under the program’s definition. Seizing and holding a person against the person’s will and causing bodily injury are the elements of kidnapping, unlawful imprisonment, and assault under [state statutes]. [If the statute so provides:] The program pays even where the offender lacked legal capacity to commit a crime [cite; e.g., Ariz. Admin. Code R10-4-101(9)(c) (conduct that “would be punishable but the perpetrator of the conduct lacked the capacity to commit the crime”); Cal. Gov’t Code §13951(b)(1) (offense that “would constitute a misdemeanor or a felony if the crime had been committed in California by a competent adult”)]. The applicant’s inability to identify the offender does not change the nature of the conduct.

3. The applicant cooperated with law enforcement. [Applicant] reported the event on [date], within [___] hours, and answered every question asked. [If no report was taken:] The officer declined to take a report. An officer’s decision not to investigate is not a failure of cooperation by the victim, and the program’s cooperation requirement concerns the victim’s conduct. [Cite the cooperation provision.]

4. The injuries are documented. The medical records of [date] record [findings]. The program’s decision does not question the injuries or the losses.

5. Relief requested. [Applicant] asks that the denial be reversed and the claim paid in the amount of \$[___], or in the alternative that the matter be set for a hearing at which [Applicant] may testify and present the treating provider’s records.

Sincerely,

[Signature]

Drafting notes

- Keep the statement factual. Describe perceptions and injuries; leave interpretation out. A program officer who reads a calm, documented account is more likely to treat the claim like any other unknown-offender claim.
- Obtain the medical examination as soon as possible after the event, and make sure the provider records the physical findings.
- If police would not take a report, write down the date, time, agency, officer's name or badge number, and what was said, and send a short letter to the agency confirming the attempt. Attach both.
- Where the program's definition of "crime" requires an act by a "person," argue that the program covers injury from conduct that would be a crime if committed by a person with capacity, and cite the program's treatment of offenders who are children or legally insane.
- [Issue H1](#) §4 discusses the programs and the statutory model for a dedicated compensation title.