

**NOTICE OF PUBLIC MEETING  
CRIME VICTIM COMPENSATION PROGRAM  
BOARD MEETING  
OF THE PINAL COUNTY ATTORNEY’S OFFICE  
AND AGENDA**

Pursuant to A.R.S. §38-431.02, notice is hereby given to the members of the CRIME VICTIM COMPENSATION PROGRAM BOARD of the Pinal County Attorney’s Office and to the general public that the CRIME VICTIM COMPENSATION PROGRAM BOARD will hold a **VIRTUAL** meeting open to the public on **Thursday, September 14, 2023 at 2:00 p.m.** via Google Meet. To join the meeting, please click Video call link:

Meeting ID  
[meet.google.com/uho-izci-jyp](https://meet.google.com/uho-izci-jyp)

Phone Numbers  
(US)+1 484-466-9802  
PIN: 392 055 495#

If you need assistance in accessing the meeting, please contact our office at 520-866-6805. One or more members of the Board may participate in this meeting by telephonic conference call. The Board may go into executive session, which will not be open to the public, to discuss certain matters on any of the following agenda items pursuant to A.R.S. 38-431.03(A) (2).

Pursuant to the Americans with Disabilities Act (ADA), the Pinal County Attorney’s Office endeavors to ensure the accessibility of its meetings to all persons with disabilities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter by contacting the Commission office at (520) 866-6805. Requests should be made as early as possible to allow time to arrange the accommodation.

Agenda for the meeting is as follows:

**I. Call to order and Roll Call**

Crime Victim Compensation Board Members:  
Michael Hing  
Barbara Kelly  
Ninfa West  
Gabriel Rodriguez

**II. Approval of the Minutes from the July 20, 2023 Meeting (no meeting in August 2023)**

**III. Financial Report- August 2023**

ACCOUNT	BALANCE
RESTITUTION	
INTEREST	
SUBROGATION	
ACJC ALLOCATION	
ARPA FUNDS RECEIVED	
Total compensation funds spent & encumbered to date	
<b>BALANCE OF AJCJ COMPENSATION ALLOCATION</b>	

IV. Previously Approved/Old Case Consent Agenda:

**PREVIOUSLY APPROVED CASE CONSENT AGENDA**

Meeting Date: September 14, 2023

Case #	DESCRIPTION OF REQUESTED FUNDING:	Payment	Approved	Moved to Discussion Agenda
0141402-5	To MH provider, Centre for Well Being, for service date: 7/18/23 billed @ \$82.50 To MH provider, Centre for Well Being, for service dates: 8/1/23, 8/15/23 & 8/29/23 billed @ \$110.00 * 3 = \$330.00 <p style="text-align: right;"><b>Total Provider</b></p> To claimant for mileage to MH appointment dates: 7/18/23, 8/1/23, 8/15/23 & 8/29/23 RT 94 miles * 0.655 = \$61.57 * 4 = \$246.28 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$412.50		
0130725-2	To claimant for travel to court dates: 7/24/23, 8/17/23 & 8/30/23 RT 66 miles * 0.655 = \$43.23 * 3 = \$129.69 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$129.69		
0166256-1	To MH provider, Desert Counseling Center, for service dates: 7/3/23, 7/13/23, 7/27/23 & 8/29/23 @ \$120.00 each \$120.00 * 4 = \$480.00 <p style="text-align: right;"><b>Total to Provider</b></p> To claimant for mileage to MH service dates: 7/3/23, 7/13/23, 7/27/23 & 8/29/23 RT 54 miles * 0.665 = \$35.37 * 4 = \$141.48 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$480.00		
0135755-2	To claimant for travel to court dates 7/25/23 & 9/5/23 RT 122 miles * 0.655 = \$79.91 * 2 = \$159.82 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$159.82		
0168464-6	To claimant for travel to court dates: 7/19/23, 7/25/23, 7/26/23, 7/27/23 & 7/28/23 RT 64 * 0.655 = \$41.92 * 5 = \$209.60 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$209.60		
0170112-1	To claimant for travel to court date: 7/28/23 RT 40 miles * 0.655 = \$26.20 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$26.20		
19-2567	To claimant for travel to court date 8/7/23 RT 78.4 miles * 0.655 = \$51.35 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$51.35		
19-2570	To claimant for travel to court date 8/7/23 RT 78.4 miles * 0.655 = \$51.35 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$51.35		
19-2569	To claimant for travel for travel to court date 8/7/23 RT 66 miles * 0.655 = \$ 43.23 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$43.23		
19-2564	To claimant for travel for travel to court date 8/7/23 RT 64 miles * 0.655 = \$ 41.92 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$41.92		
19-2566	To claimant for travel for travel to court date 8/7/23 RT 58 miles * 0.655 = \$ 37.99 <p style="text-align: right;"><b>Total to Claimant</b></p>	\$37.99		

<p><b>0172030-6</b></p>	<p>To provider, EMDR Transformations Counseling, for dates of service: 7/19/23 &amp; 8/23/2023</p> <p>Billing is for \$150.00 per joint session with 0172030-4 and 0172030-6  <math>\\$150.00/2 = \\$75.00</math>  <math>\\$75.00 * 2 = \mathbf{\\$150.00}</math></p> <p>To provider, EMDR Transformations Counseling, for dates of service: 8/9/23</p> <p>Billing is for \$110.00 for each individual session, <math>\\$110.00 * 1 = \mathbf{\\$110.00}</math></p> <p style="text-align: right;"><b>Total to Provider</b></p> <p>To claimant for travel to counseling dates of service: 8/9/23:  RT 30 miles * 0.655 = \$19.65</p> <p style="text-align: right;"><b>Total to Claimant</b></p>	<p style="text-align: right;"><b>\$260.00</b></p> <p style="text-align: right;"><b>\$19.65</b></p>		
<p><b>0172030-4</b></p>	<p>To provider, EMDR Transformations Counseling, for dates of service: 7/19/23 &amp; 8/23/23</p> <p>Billing is for \$150.00 per joint session with 0172030-4 and 0172030-6  <math>\\$150.00/2 = \\$75.00</math>  <math>\\$75.00 * 2 = \\$150.00</math></p> <p style="text-align: right;"><b>Total to Provider</b></p> <p>To claimant for travel to counseling for dates of service: 7/19/23 &amp; 8/23/23  RT 30 miles * 0.655 = \$19.65 * 2 = \$39.30</p> <p style="text-align: right;"><b>Total to Claimant</b></p>	<p style="text-align: right;"><b>\$150.00</b></p> <p style="text-align: right;"><b>\$39.30</b></p>		
<p><b>0164497-2</b></p>	<p>To claimant for travel to court dates 8/24/23, 8/29/23 &amp; 8/30/23  RT 114 miles * 0.655 = \$74.67 * 3 = \$224.01</p> <p style="text-align: right;"><b>Total to Claimant</b></p>	<p style="text-align: right;"><b>\$224.01</b></p>		
<p><b>0164497-3</b></p>	<p>To claimant for travel to court dates 8/24/23, 8/25/23, 8/29/23 &amp; 8/30/23  RT 104 miles * 0.655 = \$68.12 * 4 = \$272.48</p> <p style="text-align: right;"><b>Total to Claimant</b></p>	<p style="text-align: right;"><b>\$272.48</b></p>		
<p><b>0164497-4</b></p>	<p>To claimant for travel to court dates 8/24/23, 8/25/23, 8/29/23 &amp; 8/30/23  RT 104 miles * 0.655 = \$68.12 * 4 = \$272.48</p> <p style="text-align: right;"><b>Total to Claimant</b></p>	<p style="text-align: right;"><b>\$272.48</b></p>		
<p><b>0177322-1</b></p>	<p>To claimant for work loss dates: 7/23/23-9/16/23 (8 weeks); medical documentation indicates the soonest he may be able to return to work is 2/12/24. Hourly wage \$16.25 * 40 hours = \$650.00 per week, program pays maximum \$554.00/week * 8 = \$4,432.00</p> <p style="text-align: right;"><b>Total to Claimant</b></p>	<p style="text-align: right;"><b>\$4,432.00</b></p>		
<p><b>0163985-4</b></p>	<p>To provider, Northern Lights Therapy, for service dates 6/8/23 &amp; 6/26/23  Billed @ \$110.00 * 2 = <b>\$220.00</b></p> <p>To Provider, Northern Lights Therapy, for service date 8/30/23 billed @ <b>\$50.00</b> (30 minute session)</p> <p style="text-align: right;"><b>Total to Provider</b></p> <p>To claimant for travel expenses to MH appointments 6/8/23, 6/26/23 &amp; 8/30/23  RT 6 miles * 0.655 = \$3.93 * 3 = \$11.79</p> <p style="text-align: right;"><b>Total to Claimant</b></p>	<p style="text-align: right;"><b>\$270.00</b></p> <p style="text-align: right;"><b>\$11.79</b></p>		

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**PINAL COUNTY CRIME VICTIM COMPENSATION PROGRAM BOARD ACTION:**

**Motion to Approve:**

**Seconded by:**

\_\_\_\_\_ September 14, 2023 \_\_\_\_\_  
Date

\_\_\_\_\_ September 14, 2023 \_\_\_\_\_  
Date

**Chairman:**

\_\_\_\_\_ **Michael Hing** \_\_\_\_\_ **9/14/23** \_\_\_\_\_  
Date

**V. Cases scheduled for consideration of award (regular discussion agenda):**

**OLD BUSINESS (Cases previously considered):**

**0166465-1** To claimant for out of pocket travel to return to home state after hospitalization due to the crime  
Date of travel: 3/26/21  
Airline ticket cost to change date of departure: **\$400.00**

Claimant is requesting work loss:  
Hourly wage is \$20.30,  $\$20.30 * 40 \text{ hours} = \$812.00$  per week. Victim was out of work for 9 weeks.  $\$812.00 * 9 \text{ weeks} = \$7,308.00$

Victim had 340 sick/vacation hours that were used.  $340 * \$20.30 = \$6,902.00$ , leaving 20 Hours (1/2 week of unpaid time.)  
 $\$20.30 * 20 \text{ hours} = \$406.00$  for 5/24/21-5/30/21; program could pay \$406.00 (max is \$554.00/week)

Victim also received wage loss in the amount of \$5,354.00 from insurance settlement  
Which is more than the remaining wage loss.

Program is unable to pay the requested wage loss as it was paid by multiple collateral sources.

**(The Board will need to make a separate motion for each claimant request if one request will be denied due to payment by a collateral source)**

**Total to Claimant \$ 400.00**

**0166465-2** To claimant for out of pocket travel to return to home state after hospitalization due to the crime  
Date of travel: 3/26/21  
Airline ticket cost to change date of departure: **\$400.00**

Claimant is requesting work loss for 48.5 hours per week plus overtime missed and a bonus missed totaling \$3,925.65 (program cannot pay for overtime or missed bonuses)  
 $40 \text{ hours} * \$22.30 = \$892.00$ , program pays \$554.00 per week maximum.  $\$554.00 * 3 = \underline{\$1,662.00}$

Claimant was paid wage loss from an insurance claim in the amount of \$3,925.65  
The program is unable to pay the requested wage loss as it was paid by a collateral source.

**(The Board will need to make a separate motion for each claimant request if one request will be denied due to payment by a collateral source)**

**Total to Claimant \$ 400.00**

**0166465-3** To claimant for out of pocket travel to return to home state after hospitalization due to the crime  
 Date of travel: 3/26/21  
 Airline ticket cost to change date of departure: **\$400.00**

Claimant is requesting work loss for 120 hours plus bonus and commission lost (program cannot pay for bonus or commission lost)  
 Claimant missed 2 weeks and 10 hours of a third week. He also missed an additional 30 hours to attend follow up doctor appointment after returning to work.

Week 1 would have no eligible wage loss (40 hours paid time off).  
 40 hours \* \$27.66 = \$829.80; program can pay up to \$554.00 per week; vacation time of 40 hours was used.

Week 2 would have 30 hours of eligible wage loss (10 hours paid time off and 30 hours of unpaid time off).  
 30 hours \* \$27.66 = \$829.80; program can pay up to \$554.00 per week (10 hours paid time off).

Week 3 would have 10 hours of eligible wage loss (10 hours unpaid time off and 30 hours of time worked).  
 10 hours \* \$27.66 = \$276.60

Additional time off for follow up appointments after returning to work- 30 hours  
 30 hours \* \$27.66 = \$829.80; program can pay up to \$554.00

Claimant would have made: 70 hours of unpaid time off \* \$27.66 = \$1,936.20  
 Program could pay \$554.00 \* 2 = \$1,108.00 + \$276.60 = \$1,384.60

Claimant was paid wage loss from an insurance claim in the amount of \$2,600.00  
 The program is unable to approve a benefit claim that was paid by a collateral source.

**(The Board will need to make a separate motion for each claimant request if one request will be denied due to payment by a collateral source)**

**Total to Claimant \$ 400.00**

**0169510-1** To the Board to approve 6 additional months of mental health services as recommended by the Provider in the mental health needs assessment

To MH provider, Beckstein Behavior Health, for services dates: 6/5/23, 6/20/23, 7/17/23, 7/24/23 & 7/31/23  
 Billed at \$175.00 each, program pays \$110.00 each \* 5 = \$550.00

**Total to Provider \$ 550.00**

To claimant for travel to mental health service dates: 6/5/23, 6/20/23, 7/17/23, 7/24/23 & 7/31/23  
 RT 70.6 miles \* 0.655 = \$46.24 \* 5 = \$231.20

**Total to Claimant \$ 231.20**

**0170432-1** To provider, Dignity Health Arizona General Hospital, for date of service 8/8/2022. Billed \$7,296.00, less the adjustment by provider \$5,705.47, equals patient responsibility of \$1,590.53

**Total to Provider \$ 1,590.53**

**0173232-1** To claimant for work loss to attend court date: 8/1/23  
Hourly wage \$35.00 \* 8 hours = **\$288.00**  
There were no collateral sources available (ie: sick or vacation)

To claimant for travel expenses to court on 8/1/23  
RT 98 miles \* 0.655 = **\$64.19**

**Total to Claimant \$ 352.19**

**0161608-2** To claimant for work loss, to attended court dates: 7/25/23- 7/28/23 and 8/1/23 -8/3/23  
Hourly wage is \$17.50  
Week 1- 32 hours of unpaid time off, no collateral source  
\$17.50 \* 32 hours = \$560.00 program may pay up to \$554.00 per week = \$554.00

Week 2- 24 hours of unpaid time off, no collateral source  
\$17.50 \* 24 = \$420.00

\$554.00 + \$420.00 = **\$974.00**

To claimant for travel expenses to court on 7/25/23, 7/26/23, 7/27/23,  
7/28/23, 8/1/23, 8/2/23 & 8/3/23  
RT 58 miles \* 0.655 = \$37.99 \* 7 = **\$265.93**

**Total to Claimant \$ 1,239.93**

**VII. NEW BUSINESS:**

**0168306-1, 2, 3 & 4** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0176347-1** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

To Board for good cause exception to the two year timeframe for application to the program.

To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

To claimant for out of pocket mental health expenses dates of service: 3/8/21, 3/15/21, 3/22/21, 3/25/21, 3/29/21, 4/5/21, 4/12/21, 4/19/21, 4/26/21, 5/3/21, 5/7/21, 5/17/21, 5/24/21, 6/1/21, 6/7/21, 6/14/21, 7/7/21, 7/12/21, 7/26/21, 8/19/21, 8/23/21, 8/30/21, 9/2/21, 9/7/21, 9/27/21, 10/11/21, 10/19/21, 10/28/21, 11/1/21, 11/8/21, 11/15/21, 11/29/21, 12/6/21, 12/20/21, 12/29/21, 1/5/22, 1/10/22, 1/20/22, 1/24/22, 1/31/22, 2/7/22, 2/14/22, 2/21/22, 2/28/22, 3/10/22, 3/16/22, 3/21/22, 3/28/22, 4/7/22, 4/15/22, 4/18/22, 4/26/22, 5/3/22, 5/6/22, 5/9/22, & 5/12/22 @ \$90.00 each

**0138800-1**

Claimant also submitted additional mental health expenses for various dates from 5/16/22 through 7/7/23 for a total of 103 additional visits.

159 visits \* \$90.00 = \$14,310.00; the program can pay maximum **\$5,000.00**

To claimant for mileage to mental health appointments: 3/8/21, 3/15/21, 3/22/21, 3/25/21, 3/29/21, 4/5/21, 4/12/21, 4/19/21, 4/26/21, 5/3/21, 5/7/21, 5/17/21, 5/24/21, 6/1/21, 6/7/21, 6/14/21, 7/7/21, 7/12/21, 7/26/21, 8/19/21, 8/23/21, 8/30/21, 9/2/21, 9/7/21, 9/27/21, 10/11/21, 10/19/21, 10/28/21, 11/1/21, 11/8/21, 11/15/21, 11/29/21, 12/6/21, 12/20/21, 12/29/21, 1/5/22, 1/10/22, 1/20/22, & 1/24/22

RT 80 miles \* 0.655 = \$52.40 \* 39 = \$2,043.60; the program can pay maximum **\$2,000.00**

**Total to Claimant \$7,000.00**

**0179278-1** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0178174-1** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0180069-1** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source

**0180307-1, -2, -3, -4, -5, & -6** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0178648-1 & -2** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0161608-5 & -6** To Board for good cause exception to the two year timeframe for application to the program.  
To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0179596-1, -2, & -3** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  
(-1) To claimant for out of pocket funeral expenses to Valley Chapel in the amount of \$1,736.34  
**Total to Claimant \$1,736.34**

**0179596-4** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0179627-1** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0166170-1 & -2** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0178408-1 (1 of 3)** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0178408-2 (2 of 3)** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

**0178408-3 (3 of 3)** To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  
**0164497-7** Pay to claimant for travel expenses to court on 2/7/22, 5/2/22, 7/18/22, 8/29/22, 10/10/22, 11/14/22, 8/24/23, 8/25/2023, 8/29/23 & 8/30/23  
RT 414 miles \* 0.655 = \$271.17 \* 10 = \$2,711.70; program can pay maximum \$2,000.00  
**Pay to Claimant \$2,000.00**

To Board for good cause exception to the two year timeframe for application to the program.  
To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  
**0130725-3** To claimant for out of pocket funeral expenses in the amount of **\$1295.00**  
Pay to claimant for travel expenses to court on 3/13/20, 7/14/22, 6/7/23, 6/8/23, 6/9/23, 6/13/23, 6/14/23, 6/15/23, 6/16/23, 6/20/23, 7/24/23, 8/17/23, 8/30/23  
RT 50 miles \* 0.655 = \$32.75 \* 13 = **\$229.25**  
**Pay to Claimant \$ 1,524.25**

<b>0180706-1 &amp; -2</b>	To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.
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<b>0179592-1, -2, -3, &amp; -4</b>	To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.
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**VIII. Rehearing Requests**

<b>0089851-1</b>	Victim requests that Board approve his request to rehear his claim for eligibility. Attached is the letter the victim wrote requesting the rehearing.
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**IX. Call to the Public**

Those wishing to address the Compensation Board need not request permission in advance. Action taken as a result of public comment will be limited to directing Board members to study the matter or rescheduling the matter for further consideration and decision at a later date.

**X. Date-Time-Location of Next Meeting**

The next proposed Crime Victim Compensation Program Board meeting is tentatively scheduled for **Thursday, October 19, at 2:00 pm** via Google Meet.

**XI. Other Business**

- Volunteer Time Sheet (how many days)

**XII. Adjournment**

\_\_\_\_\_ motions to adjourn to meeting; seconded by \_\_\_\_\_ .  
 The Crime Victim Compensation Program Board Meeting of the Pinal County Attorney’s Office was adjourned at \_\_\_\_\_.

A copy of the agenda background material provided to Compensation Board members is available for public inspection at the Pinal County Attorney’s Office, 45 N. Pinal Street, Florence, AZ, 85132 (520) 866-6805. This document is available in alternative formats by contacting the Pinal County Attorney’s Office.