

ATTORNEY GENERAL OF TEXAS  
CRIME VICTIMS' COMPENSATION  
INSTRUCTIONS FOR APPLYING  
FOR REIMBURSEMENT FOR COSTS OF  
SEXUAL ASSAULT MEDICAL EXAMINATIONS  
(For Law Enforcement Agencies Only)

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

**COMPLETING THIS APPLICATION**

- Read the instructions before you begin in order to complete each section correctly.
- Include information supporting the sexual assault exam request, the case or offense report number, or a letter outlining the circumstances of the exam request. Proof of payment must accompany this application. Failure to provide this information will cause the application to be returned.
- On application to the attorney general, law enforcement agencies are entitled to be reimbursed for the reasonable costs of a sexual assault medical examination requested by the law enforcement agency on behalf of a victim of an alleged sexual assault for use in the investigation or prosecution of the offense.
- **Article 56.06 (c), Texas Code of Criminal Procedure, as amended by the 77<sup>th</sup> Legislature, does not require a law enforcement agency to pay any costs of treatment of injuries, therefore, those costs are not covered by this program.**
- Mail your 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**

---

**INSTRUCTIONS**

- All bills associated with the requested sexual assault medical exam must have been received and paid for by the law enforcement agency requesting reimbursement prior to sending in this application.
- All bills considered for reimbursement must be itemized and submitted on standardized health insurance claim forms (i.e. UB 04 or CMS 1500). Non-physicians can bill using usual and customary format billings.
- All law enforcement agency information must be completed prior to payment. Payment cannot be made without the law enforcement agency's Tax Payer Identification Number.

# Sexual Assault Exam Reimbursement Application



Victim Information		
The victim is the person who was allegedly sexually assaulted.		
Victim's Last Name:	Victim's First Name:	Victim's Middle Name:
Date of Birth:	Gender: <b>Male      Female</b>	<b>Date of Crime:</b>
Law Enforcement Agency Information Payment will not be processed without complete information.		
Date of <b>Sexual Assault Exam</b> :	Date Law Enforcement Paid:	<b>Law Enforcement Paid Amount:</b>
Law Enforcement Agency Name:	Tax Payer Identification Number (Required):	
Mailing Address:		
City:	State:	Zip:
<b>Law Enforcement Agency</b> Contact Person:	Telephone Number (Including Area Code):	
Fax Number (Including Area Code):	E-Mail Address (If Available):	
<b>Law Enforcement Case Number:</b>	<b>Suspect Name:</b>	
Certification		
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: